

CHALLENGES FACED BY SOCIAL WORKERS RENDERING SERVICES TO ADULT HOMELESS INDIVIDUALS

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DECLARATION

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SUMMARY

Homelessness is a long existing challenge and social issue that is not limited to specific communities or countries. Unfortunately, statistics for homelessness are poorly documented globally, including South Africa. Homeless individuals globally are in need of intervention from social service professionals, such as emotional support counselling, basic needs services, skills development programmes, job seeking support, and after care support. Homelessness encapsulates many other social issues, as the cause or effect of homelessness is most often related to issues such as substance abuse, unemployment, domestic violence, relationship breakdown, criminal activity, abuse, and previous trauma. However, no studies have been found that identify and discuss the challenges that social workers face when rendering services to adult homeless individuals living in South Africa. Moreover, no priority or urgency is given to the phenomenon of homelessness in policy or legislation documents in South Africa, as there are no specific policies or legislation that focus purely on the issue of homelessness. Currently there is only one document that offers norms and standards to shelters for homeless individuals in the Western Cape.

The goal of the study was to gain an understanding of the challenges that social workers face while rendering services to adult homeless individuals. A qualitative approach was utilised, supported by an exploratory and descriptive research design. A snowball sampling method was utilised for the purpose of this study. A semi-structured interview schedule was used to collect data from eighteen social workers rendering services to adult homeless individuals in the Western Cape. The gathered data was analysed using thematic content analysis.

The key findings of the study revealed that social workers experience a variety of challenges when rendering services to adult homeless individuals in the Western Cape. Key challenges identified are uncooperativeness from the clients, safety and security issues, high caseloads, insufficient supervision, insufficient financial support, lack of resources, accommodation for transgender clients, and inadequacy in diagnosing mental health clients. It was found that clients are not always motivated for services, as they will come and use the basic needs services, but not make use of the further interventions possible such as group work sessions, counselling sessions, employment support programmes, and life skills training. It was seen that homeless individuals cannot be forced to take part in any services provided, as they are adults and in control of their own lives.

In order to address the challenges identified in this study, it is recommended that the National Department of Social Development employ more social workers and social auxiliary workers to work in the field of homelessness, as this would lower the caseload for social workers. This could also ensure a reduction in the number of administrative tasks required of social workers, making place for more and better direct service delivery. This would also allow more time for in-depth supervision sessions, as social workers would not be pressured to talk about administration related issues. It is also recommended that more finances and resources be made available in order for these organisations to address the social phenomenon of homelessness effectively and efficiently. In night shelters specifically, it is suggested that more attention be given to the sleeping arrangements of transgender clients.

OPSOMMING

Haweloosheid is 'n uitdaging en sosiale probleem wat nie beperk is tot spesifieke gemeenskappe of lande nie. Ongelukkig is die statistieke vir haweloosheid wêreldwyd swak gedokumenteerd, Suid-Afrika inkluis. Hawelose individue wêreldwyd benodig intervensie van professionele individue, insluitend emosionele ondersteuning berading, basiese behoeftes dienste, vaardigheidsontwikkelingprogramme, hulp met werk soek en nasorgdienste. Haweloosheid omhul talle ander sosiale kwessies, aangesien die oorsaak of gevolg van haweloosheid meestal verband hou met kwessies soos middel misbruik, werkloosheid, huishoudelike geweld, verbokkeling van verhoudings, kriminele aktiwiteite en trauma. Daar is egter geen studies geïdentifiseer wat die uitdagings wat maatskaplike werkers in die gesig staar, wanneer hulle werk met hawelose individue bespreek. Bowendien, geen prioriteit of dringendheid word geskenk aan die verskynsel van haweloosheid in beleide of wetgewings in Suid Afrika nie. Daar is geen spesifieke beleid of wetgewing wat slegs op haweloosheid fokus nie. Daar is slegs een dokument wat norme en standaarde aan nagskuilings vir hawelose individue in die Wes-Kaap bied.

Die doel van die studie was om begrip te verkry van die uitdagings wat maatskaplike werkers ervaar wanneer hulle dienste lewer aan hawelose individue. 'n Kwalitatiewe benadering was benut, tesame met 'n ondersoekende en beskrywende navorsingsontwerp. 'n Sneebal-steekproefmetode was gebruik tydens die studie. 'n Semi-gestruktureerde onderhoudskedule was benut om die data van 18 maatskaplike werkers wat werk met hawelose individue in te samel. Die data was geanaliseer deur gebruik te maak van tematiese inhoudsanalise.

Die sleutelbevindinge van die studie het onthul dat maatskaplike werkers 'n verskeidenheid uitdagings ervaar wanneer hulle dienste lewer aan volwasse hawelose individue in die Wes-Kaap. Sleutelbevindinge sluit in: kliënte wat nie hul samewerking wil gee nie, veiligheid en sekuriteit kwessies, hoë werkslading, onvoldoende supervisie, onvoldoende finansiële ondersteuning, gebrek aan hulpbronne, verblyf vir transgender kliënte en onvoldoende diagnose van geestesgesondheidskliënte. Daar was gevind dat kliënte nie altyd gemotiveerd is vir dienste wat aan hulle gelewer word nie. Die kliënte sal die basiese behoefte dienste gebruik, maar nie verder gebruik maak van verdere intervensie moontlikhede nie. Hierdie dienste sluit in groepwerksessies, beradingsessies, programme vir werksondersteuning en lewensvaardigheidsopleiding. Daar was gesien dat hawelose individue nie geforseer kan word om deel te neem aan dienste nie, aangesien volwassenes in beheer is van hulle eie lewens.

Om hierdie geïdentifiseerde uitdagings aan te spreek, word daar aanbeveel dat die Nasionale Departement van Maatskaplike Ontwikkeling meer maatskaplike werkers en maatskaplike hulpwerkers in die veld van hawelose individue aanstel. Dit sal verseker dat die werkslading van maatskaplike werkers verlaag word. Dit sal ook verseker dat die hoeveelheid administratiewe take verminder kan word en meer ruimte geskep kan word vir direkte dienslewering. Maatskaplike werkers sal nie onder druk geplaas word om te praat oor administratiewe kwessies nie, dus sal daar tyd wees vir meer in-diepte supervisie sessies. Daar word voorgestel dat meer finansies en hulpbronne beskikbaar gemaak word vir hawelose organisasies om die verskynsel van haweloosheid effektief en doeltreffend aan te spreek. In nagskuilings spesifiek word daar voorgestel dat meer aandag gegee moet word aan die slaap reëlings vir transgender kliënte.

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CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 PRELIMINARY STUDY AND RATIONALE

1.1.1 Homelessness as a social issue

Homelessness is a long existing challenge and social issue that is not limited to specific communities or countries. Unfortunately, statistics for homelessness are poorly documented globally, including South Africa. Statistics show that in 2016 there were 564 708 homeless individuals in the United States of America (Social Solutions, 2016). In England, statistics show that between 1 October and 31 December 2016, 14 420 families were identified as being homeless, while 75 740 families were living in temporary housing (Department of Communities and Local Government, 2017). In South Africa, the Human Sciences Research Council (2015) estimated that in 2015 there were between 100 000 and 200 000 homeless people in the country. This is a significant portion of the country's 53.5 million inhabitants (Rule-Groenewald, Timol, Khalema & Desmond, 2015). These figures take into account homeless individuals that live in rural and in urban areas.

It seems that there has not been a recent attempt to complete a global survey on homelessness. This could be due to the fact that the definition of homelessness differs from country to country. The National Healthcare for the Homeless Council (2017) based in America argues that a homeless individual should be defined as any individual who lacks housing, as well as any person who resides primarily in a supervised public or private facility, such as a shelter. In South Africa, homelessness is categorised into three types, namely the detached homeless, temporary overnight sleepers, and informal settlement dwellers (Cross, Seager, Erasmus, Ward & O' Donovan, 2010). These authors refer to the first two types collectively as street homeless persons. Rule-Groenewald et al. (2015:3) define homelessness as "individuals who may not have shelter, access to temporary housing, or an informal shack that is often not safe or secure". Due to not having a fixed address and the mobility of these individuals, there seems to be an undercount of this population (Cross et al., 2010). Thus there is still not an exact figure for homeless individuals in South Africa.

1.1.2 Challenges faced by homeless individuals in South Africa

In 2010 Cross and Seager did a study with 1 200 homeless individuals in South Africa during which they determined the top reasons why individuals head to the streets. The most common reasons why people become homeless are because of emotional and/or physical abuse,

domestic violence, family problems, eviction, economic difficulties, and the search for a better life and independence (Cross & Seager, 2010). Having left their dwellings, homeless individuals are then faced with many struggles and challenges on the street. A study by Moyo, Patel and Ross (2015) in Hillbrow, South Africa, found that common difficulties faced by homeless individuals include having to deal with: violence, mistreatment by police, sexual abuse, and a lack of proper healthcare. Tembe (2016) also observed that many homeless individuals experience complications accessing food, sanitation, and safety. Challenges faced by homeless individuals could thus include a lack of social support such as inadequate resources, lack of emotional support, and not fulfilling the individual's basic needs, such as food, shelter, safety, and clothing.

1.1.3 The effects of homelessness

Homelessness not only affects the homeless individual, it affects their families, the community wherein the individual moves around, as well as individuals who offer services to homeless individuals (Barker, 2017). Homeless individuals have to face issues such as a lack of nutrition, inadequate access to education, and a lack of medical care. These individuals also end up becoming victims of violent crimes. Cassady (2017) found that homelessness can lead to severe health-related issues for the homeless individual, that often require long-term treatment and care. These health issues include HIV/AIDS, psychological disorders, and addiction to certain substances. According to Cassady (2017), a homeless individual's stay in a hospital is about four days longer than the time spent in hospital by the average citizen. Thus, it can be argued that supporting the homeless is costly, seeing that it puts severe financial pressure on health service providers and taxpayers. It can be said that there is a direct correlation between the effects that homelessness have on vagrant individuals and the specific challenges that they face.

1.1.4 Policy directives formulated regarding homelessness

South Africa has certain policy directives that were formulated to guide service providers in providing sufficient resources and services for homeless individuals. Certain provisions are made in the Constitution of South Africa (Republic of South Africa, 1996) to ensure that the human rights of all individuals in South Africa are protected. These include rights such as equality, human dignity, life, freedom and security, privacy, environment, housing, as well as healthcare, food, water, and social security.

Another policy document is the White Paper for Social Welfare (Republic of South Africa, 1997) which was developed to guide service providers when rendering services to individuals

in need, such as homeless individuals. The White Paper for Social Welfare (Republic of South Africa, 1997) states that social interventions are needed to create humane, just, and stable communities in South Africa. The paper continues that the welfare system must “facilitate the development of human capacity and self-reliance within a caring and enabling socio-economic environment” (Republic of South Africa, 1997:9). Social welfare programmes are set in place to protect human rights, as well as to promote equal opportunities. The White Paper for Social Welfare (Republic of South Africa, 1997) states that these programmes are specifically formulated to aid the disenfranchised, the poor, those with special needs and vulnerable individuals. Homeless individuals fall under this specific category of people who needs support from the larger community and specifically from those who offer intervention services to the homeless, such as social workers. Social development services are important seeing as these services could help support vulnerable individuals to obtain their dignity and become resourceful citizens of South Africa. Numerous services and resources are offered to homeless individuals by social workers employed at night shelters and other facilities that offer services to homeless individuals. These services include shelter, clothing, provision of food and water, career development programmes, and skills development programmes (Department of Social Development, 2015).

A Review of the White Paper for Social Welfare 1997 was completed in 2016 with the main goal being to assess how social welfare providers, the government, NPOs, and private organisations, have implemented the White Paper for Social Welfare, and what issues, challenges, and gaps in service delivery associated with the implementation of the White Paper for Social Welfare there are (Department of Social Development, 2016). However, as homelessness was never addressed in the review, and attention is given primarily to poverty and inequality in South Africa, it could be deducted that homelessness was not that important (Department of Social Development, 2016).

The Western Cape Government Department of Social Development (2015) formulated a document called *Norms and Standards for Shelters for Homeless Adults*. Currently this document is implemented in the Western Cape Province, although the National Department of Social Development indicated that it aims to implement similar norms and standards throughout the rest of South Africa. Yet, although the Norms and Standards document was finalised for the Western Cape in April 2015, however, to date similar documents have not been finalised for the rest of South Africa (Department of Social Development, 2015). The Norms and Standards document offers guidelines to service providers to ensure that homeless

individuals receive the following, “treatment and related interventions for substance abuse, intervention to protect homeless adults with children from abuse, care, and support for homeless adults experiencing hardship and violence and to offer support to families and youth at risk” (Department of Social Development, 2015:3). Community organisations, non-government organisations and the Department of Social Development generally manage these services (Department of Social Development, 2015). Although the Department of Social Development does not directly operate shelters, it works hand in hand with NGOs who provide services to homeless individuals through Transfer Payment Agreements because of its “long-term vision and commitment to partner with Non-Governmental, Non-Profit Organisations, and related institutions to care for people who find themselves on the streets” (Department of Social Development, 2015:5).

From the White Paper for Social Welfare (Republic of South Africa, 1997), the Bill of Rights in the Constitution (Republic of South Africa, 1996) and the *Norms and Standards for Shelters for Homeless Adults* (Department of Social Development, 2015) it is clear that South Africa has a proper foundation to change the homelessness statistics drastically, yet statistics show that there are still between 100 000 and 200 000 vagrant individuals in South Africa (Rule-Groenewald et al., 2015).

Social workers render services to vulnerable groups such as children, disabled individuals, and homeless individuals. However, Alpaslan and Schenck (2012) completed a study focusing on social workers rendering generic services in rural areas. The study revealed that social workers experience challenges such as, little to no resources and infrastructure, lack of support from supervisors, and clients who do not understand the role of social workers. It would therefore help if service providers described and explained what steps could be taken to help conquer these challenges and the outcome for service users. There is literature available on challenges in service rendering to other vulnerable populations, such as children, but there are no studies on challenges experienced by social workers rendering services to adult homeless individuals (Schmid, 2012; Calitz, Roux & Strydom, 2014; Alpaslan & Schenck, 2012; Strydom, 2010). Whilst not negating the importance of challenges faced by homeless individuals, this study will place emphasis on the challenges that social workers face while rendering services to adult homeless individuals.

1.2 PROBLEM STATEMENT

In the Bill of Rights, under section 26 of the Constitution of South Africa (Republic of South Africa, 1996), provision is made for housing rights. Each citizen in South Africa has the right to access adequate housing (Republic of South Africa, 1996). Unfortunately, in practice this is not the case. Rule-Groenewald et al. (2015:3) mentioned that in South Africa there is still an estimate of between 100 000 and 200 000 individuals living on the streets, which is in direct contradiction to the right of adequate housing. Section 27 of the Constitution (Republic of South Africa, 1996) states that everyone has the right to the following: access to healthcare services, sufficient food and water, social support, and social security if they are unable to support themselves and their dependants. Homeless individuals are often in desperate need of all the above services.

Globally there are studies regarding homelessness that touch on issues relating to homeless individuals, such as mental illness (Culhane, Metraux & Hadley, 2002), substance abuse (Bahr & Kaplow, 1973), pregnancy (Greene & Ringwalt, 1998), and the growth in homeless figures (Burt, 1992). In South Africa, few studies have been done regarding homelessness yet there is some literature available and studies about the experiences of homeless individuals in South Africa (Cross et al., 2010; Mathebula & Ross, 2013; Roets, Botha, Greeff, Human, Strydom, Watson & Chigeza, 2016). However, no studies could be found that identify and discuss the challenges that social workers face when rendering services to adult homeless individuals living in South Africa. It was therefore important to investigate the challenges that social workers experience when rendering services to adult homeless individuals. This study contributes by closing the identified gap in literature regarding challenges social workers face when rendering services to adult homeless individuals (Cross et al., 2010; Mathebula & Ross, 2013).

1.3 RESEARCH QUESTION

What are the challenges that social workers face while rendering services to adult homeless individuals?

1.4 GOAL AND OBJECTIVES

The goal of the research study is to gain an understanding of the challenges that social workers face while rendering services to adult homeless individuals.

In order to achieve this aim, the following objectives were formulated:

- To describe policy and legislation pertaining to homelessness within a South African context and to define homelessness globally.
- To describe the services provided and challenges faced by social workers working with adult homeless individuals aided by the ecological perspective.
- To empirically investigate the challenges social workers face while rendering services to adult homeless individuals.
- To present conclusions and recommendations based on the findings of the study.

1.5 THEORETICAL POINT OF DEPARTURE

The ecological perspective was applied as the core theoretical underpinning of this study. Bronfenbrenner (cited in Gauvain & Cole, 1993) says that one must take the whole ecological system into consideration to understand human development. When looking at human development Bronfenbrenner's levels of ecological model include microsystems, mesosystems, exosystems, and macrosystems.

Bronfenbrenner (1979:22) defines the first level, microsystems, as “a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics.” Examples here could include people in the life of the homeless, such as family members and friends that they might still be in contact with. According to Bronfenbrenner (1979:25) the second level is the mesosystem which consists of a set of different microsystems linked together. In the case of a homeless individual this would be the interactions between himself, his family and his friends. Level three is the exosystem which is composed of one or more settings that do not involve the homeless individual as an active participant, this would then be the interactions between the friends and the family alone (Bronfenbrenner, 1979:237). According to Gauvain and Cole (1993:40) the fourth level is the macrosystem which could be described as the overarching pattern of the characteristics of certain cultures or subcultures of the microsystem, mesosystem and exosystem. Within this system reference usually gets made to “belief systems, bodies of knowledge, material resources customs, life-styles, opportunity structures, hazards, and life course options” (Gauvain & Cole, 1993:40). The fourth level could also be described as the general forces that affects individual and family functioning such as politics, culture, or the economy (Bronfenbrenner, 1979).

According to Pardeck (2015) the ecological perspective offers a rich theoretical framework whereby social workers can apply effective intervention strategies. For instance, current thinking regarding this perspective allows social workers to move from a micro level intervention to a macro level intervention (Pardeck, 2015). This perspective has also allowed the researcher to identify the challenges faced by social workers rendering services to homeless individuals on various systematic levels, such as individuals, small groups, families and, broader communities. By applying this holistic approach an understanding was gained on how interactions between different systems in the homeless individual's ecosystem support or maintain this individual's behaviour.

1.6 CONCEPTS AND DEFINITIONS

For clarification, a few key concepts within the research topic will be defined.

1.6.1 Challenges

The Oxford Dictionary (2017) defines 'challenge' as "[a] task or situation that tests someone's abilities". The Cambridge Dictionary (2017) defines 'challenge' as "something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability." For the purpose of this study the researcher will refer to 'challenges' of social workers when referring to issues such as emotional support given, needs satisfied, or resources available to offer to their client system. More clarity on what exactly these challenges could be would only be identified during the empirical research of this study.

1.6.2 Social Worker

According to the International Federation of Social Workers (2014) and the International Association of Schools of Social Work (2014), social work is both a practice-based and academic discipline, promoting social change, social development, social cohesion, and the empowerment and liberation of people. A social worker is the person trained to help implement the changing process through specific strategies and intervention processes at their organisation, business, school, church, etc. In this study, a 'social worker' is a designated social worker registered with the South African Council for Social Service Professions (SACSSP), who render services to homeless individuals.

1.6.3 Services

The Oxford Dictionary (2018) defines ‘service’ as “[t]he action of helping or doing work for someone” or “[a]n act of assistance”. The Cambridge Dictionary (2018) defines ‘service’ as “a government system or private organisation that is responsible for a particular type of activity, or for providing a particular thing that people need.” For the purpose of this study the researcher will refer to ‘services’ when talking about intervention and prevention services offered by social workers working at night shelters and NGOs in the Western Cape Metropolitan area.

1.6.4 Homeless individuals

The National Healthcare for the Homeless Council (2017) states that a homeless individual can be defined as any individual who lacks housing, as well as any person who resides primarily in supervised public or private facilities, such as a shelter. The Canadian Observatory on Homelessness (2016) describes homelessness as a situation where an individual or family is without a stable, permanent, appropriate housing. The definition also includes that the specific individual or family is also not in the immediate prospect of acquiring any housing. In this study, the researcher will utilise the term ‘homeless individual’ when referring to an individual who does not own a permanent residence, and who sleeps on the street or in a homeless night shelter.

1.7 RESEARCH METHODOLOGY

The following section will briefly describe the chosen research approach, research design, population and sampling, instruments for data collection, and how the data has been analysed.

1.7.1 Research Approach

A qualitative research approach was utilised. Creswell (2007) points out that a qualitative approach allows the researcher to make an interpretation of what they see, hear, and understand about the identified social phenomenon in the field where participants experience the issue being studied. Another characteristic identified by Creswell (2007) indicates that the qualitative researcher may rely on multiple forms of data such as documentation, human behaviour, and interviews with identified participants. Rubin and Babbie (2014) remark that when applying the qualitative approach, the researcher can tap into the deeper meaning of specific human experiences allowing them to formulate theoretically richer observations. They further mention that the qualitative research approach is flexible, as it allows the process to evolve as more information is gathered and observations are made. Within qualitative studies opportunity is

given to generate a deeper understanding of human experiences by being subjective (Rubin & Babbie, 2014). De Vos, Strydom, Fouché and Delport (2011) point out that following a qualitative research approach will allow the participants to portray their own meaning, experiences, or perceptions of an identified situation or issue.

Given that the aim of this study was to gain an understanding of the challenges that social workers face rendering services to adult homeless individuals, a qualitative research approach was the best option. This approach also provided a rich description of the identified challenges as in-depth face-to-face interviews with participants were conducted.

1.7.2 Research Design

An exploratory and descriptive research design was selected for this study. Rubin and Babbie (2014) remark that an exploratory design is necessary when a researcher is breaking new ground in an identified field. This allowed the researcher to produce new insights into the research topic. De Vos et al. (2014) remark that an exploratory design is applied when there is a lack of basic information on a new area of interest. Babbie and Mouton (2006) mention that through applying an exploratory research design the researcher has the flexibility to explore identified and lived experiences and perceptions of individuals in their natural environment. Through applying the exploratory research design, the researcher gained insight into the challenges social workers face when rendering services to adult homeless individuals at organisations across the Western Cape Metropolitan area (Rubin & Babbie, 2014; De Vos et al., 2011; Babbie & Mouton, 2006).

In combination with the exploratory design, a descriptive research design was applied during the research process. This design was utilised, as it focuses on giving an in-depth description of a particular issue through gathering information about that issue (De Vos et al., 2011). De Vaus (2001) states that a good description is fundamental to any research process, as it adds extensively to the existing knowledge regarding the shape and nature of a society. In this case a clear description was given of the daily challenges social workers face when rendering services to adult homeless individuals, through exploring their experiences and perceptions.

1.7.3 Sampling

The researcher utilised snowball sampling. Rubin and Babbie (2014) mention that snowball sampling is a form of non-probability sampling that researchers sometimes also describe as ‘accidental sampling’. This method of sampling was deemed appropriate, as the researcher was unsure where to locate social workers rendering services to adult homeless individuals. By utilising this sampling method, the researcher was able to identify potential participants through referrals. Social workers who render services to homeless adults within NGOs and NPOs in the Western Cape Metropolitan Area and surroundings were included in the study. The researcher started the snowball process by telephonically contacting the social work supervisor of a homeless organisation with multiple branches to ask if their social workers would be interested in participating in the study. The researcher received a letter of permission from the homeless organisation prior to recruiting the social workers employed by the organisation. Within the letter, the supervisor granted the researcher permission to contact all social workers that were working for the particular homeless organisation to inquire whether they would like to take part in the study. The letter of permission is attached as Annexure 4. The researcher then explained to all the participants what procedure will be followed during the interview, as well as how the data will be analysed and presented. Potential participants were given adequate time to decide whether they wanted to take part in the study or not. To take part in the study the participants had to:

- be social workers registered with the South African Council for Social Service Professions (SACSSP);
- have at least one year working experience as a social worker;
- be employed at an NGO or NPO rendering social work services to homeless individuals; and
- be fluent in Afrikaans or English.

In order to recruit participants, the supervisor informed all the social workers at this organisation about the research opportunity. When the individuals who were interested to take part in the research voluntarily agreed, they were asked to complete an informed consent form that explained the procedure of the study. Interviews were organised in such a way that it did not impact on the participant’s day-to-day activities in their work environment. At the end of each interview, the researcher asked each participant if they could possibly identify other social workers rendering services to adult homeless individuals, who did not work for the specific

organisation. After identifying possible participants from their suggestions, the researcher contacted social workers who met the inclusion criteria telephonically or by email in order to recruit them and set up an interview after they agreed to participate in the study.

1.7.4 Instrument for Data Collection

As this research is qualitative in nature, data was collected using semi-structured interviews with 18 social workers. De Vos et al. (2011) remark that researchers make use of semi-structured interviews to obtain a clear picture of the beliefs, perceptions, and accounts of identified topics of the participants. By using an interview schedule, the interviews were more flexible, as the researcher could follow up on certain issues that emerged during the interviews, which painted a clearer picture of the topic at hand (De Vos et al., 2011). The participant should be seen as the expert and given ample time to answer questions thoroughly (Smith, Harré and Van Langenhoven, 1995; De Vos et al., 2011). The interview schedule that was utilised during the data collection process is attached as Annexure 2. The semi-structured interview schedule was tested on the first participant, but no changes needed to be made to the document, as the participant understood the questions and gave full descriptive answers at each section.

1.7.5 Data analysis

According to De Vos et al. (2011:315), when using a qualitative research approach, data analysis is “mainly interpretive, involving descriptions of the phenomena”. During the data analysis process the researcher made sense of the participants’ views and opinions regarding specific situations, similar patterns, themes, sub-themes and categories (Cohen, Manion & Morrison, 2011). The raw data gathered during the collection process was studied as well as sorted into separate themes, subthemes, and categories. The researcher transcribed the interviews, typed necessary notes taken in the field, and scanned material that was important. After organising the data, the researcher read it for reflective purposes. During this process, notes were made of any thoughts or ideas that came to mind regarding the data. The data was coded to start identifying themes and categories which were utilised in the empirical chapter. In Chapter 4 the data was processed into tables, as well as summarised, interpreted, and compared with existing literature.

According to Krefting (1991) and Birt, Scott, Cavers, and Campbell (2016) member checking is a technique that is used continuously to verify data, categories, interpretations, and conclusions of participants within a study. The researcher applied this technique to verify and ensure the reliability of descriptions and information given. Two of the participants read the

completed research document to compare accuracy and resonance with their experiences. Both participants stated that they agreed with the findings in the research study.

1.8 DATA VERIFICATION METHODS

This section will focus on the different verification methods. Credibility, transferability, dependability, and conformability will be discussed.

1.8.1 Credibility

Credibility is when the researcher is confident in the ‘truth’ of the findings (Lincoln & Guba, 1984; Pandey & Patnaik, 2014; De Vos et al., 2011). In order to ensure credibility, the researcher tested the semi-structured interview schedule on a registered social worker working with adult homeless individuals. No adjustments needed to be made to the interview schedule. This semi-structured interview schedule was then used for all 18 research participants. Two participants from the study read through the empirical chapter to state whether or not they agreed with the findings outlined by the researcher. The researcher was informed that both participants agree with the findings of this study.

1.8.2 Transferability

According to Pandey and Patnaik (2014) transferability shows that the findings can be applicable within other contexts such as groups, populations, or settings. This study can be applied to other provinces outside of the Western Cape in South Africa, as many challenges experienced by these participants might also be experienced by social workers rendering services to homeless individuals across the country.

The findings regarding the challenges that social workers experience while rendering services to adult homeless individuals in this study, correspond with other studies about challenges generally experienced by social workers in South Africa. The conclusions and recommendations that were made in this study are useful to social workers, social work supervisors, and managers at any organisation working with homeless individuals. This will potentially help improve the experiences of social workers rendering services to adult homeless individuals, as they could learn from this study and apply the recommendations in their organisations.

1.8.3 Dependability

According to Pandey and Patnaik (2014), dependability is the substitute term for reliability. To ensure dependability an independent coder was used to read through the researcher's transcriptions and empirical chapter. This coder confirmed that the themes, subthemes, and narratives used in the research study are correct. See Annexure 5 as proof of confirmation from the independent coder. This independent coder has completed a post graduate degree in Social Work and is registered with the South African Council for Social Service Professionals (SACSSP).

1.8.4 Conformability

Conformability is another term for objectivity. When a study is conformable it shows that the findings in the study could be established by another individual other than the researcher (Lincoln & Guba, 1984; De Vos et al., 2011). The narratives in Chapter 4 of this study were all the direct words of the research participants. The researcher made no changes to the narratives. The themes, subthemes, and categories identified in Chapter 4 were all verified through literature control from existing research.

1.9 ETHICAL CLEARANCE

To acquire ethical clearance for completion of the empirical study, the researcher had to take certain steps. The nature of this study was not to explore deep personal experiences and difficulties, but rather to focus on facts and opinions given by social workers. Homeless individuals were not directly interviewed, but rather the social workers who worked with them on a day-to-day basis. The Departmental Ethical Screening Committee (DESC, 2012) defines low risk as “[r]esearch in which the only foreseeable risk is one of discomfort or inconvenience”. Thus, in terms of ethical concerns, the research was considered as low risk, as no counselling was required for participants after the interviewing process was completed. In addition, the researcher did not put specific emphasis on emotional issues or experiences of the social workers; the focus of the research was to gather the participants' opinions and observations of the challenges they faced while rendering services to homeless individuals.

The research proposal was reviewed by the DESC, ethical clearance was then obtained from the University of Stellenbosch Research Ethics Committee as seen in Annexure 3. Before the study commenced, informed consent was obtained from the participants. During the research process, the researcher also conducted herself according to the Code of Ethics for social

workers, as she is registered with the South African Council for Social Service Professions. Within this research process, ethical clearance was secured for the following ethical considerations:

1.9.1 Informed Consent

The researcher obtained permission from the participants before any interviews were conducted. In order to obtain informed consent from participants certain information had to be shared with them from the outset of the study, these were

- the goal of the study;
- the required duration of their participation;
- the procedures that had to be followed;
- the possible advantages, disadvantages, and dangers for the participant; and
- the researcher's credibility (Royse, 2004; Williams, Tutty & Grinnell, 1995).

The researcher made sure that the participants had a clear understanding of the purpose of the study, the specific procedures that were going to be followed during the interview and the exact topic that would be discussed, before all participants were asked to sign an informed consent form. This informed consent allowed the researcher to use the answers of the participants in her empirical analysis, as well as in her conclusions and recommendations.

1.9.2 Voluntary Participation

Rubin and Babbie (2014) mention that no participant should ever be forced to take part in a study. Participation should thus be voluntary. All participants were aware that they were taking part in the study, they were all informed that their statements would be utilised, and they were asked to give consent to be a part of the study (Rubin & Babbie, 2014). It was never expected that of anyone to take part in the study if they did not do so voluntarily. The participants were also informed that they could leave the interview or withdraw their consent to participate in the study at any point of the study. This is indicated in the informed consent form in Annexure 1.

1.9.3 Confidentiality

De Vos et al. (2011) explain that confidentiality is to handle certain information in a confidential way. It can also be a continuation of privacy. The authors describe privacy as “agreements between persons that limit others’ access to private information” (De Vos et al., 2011:119). To ensure confidentiality for the participants the researcher managed the process as

follows: The researcher ensured that information given by the participants was not made available to the public, unless written consent was given. The participants were given a code so that their identity could be protected. No names were used during the research process. During the completion of the empirical chapter, their codes were utilised for each participant to further protect everyone's personal details. The participants were given the freedom to withdraw from the study at any point of the interviewing process as stated in the informed consent form which all participants had to sign before the interviewing process could start. Data gathered throughout the interviewing process were stored on the researcher's laptop which is always password protected for safety and security.

1.10 LIMITATIONS OF THE STUDY

Limitations of the study are important elements that the researcher needed to be aware of, acknowledge, recognise, as well as present clearly (De Vos et al., 2011). After the completion of the research study, a few limitations could be identified. It is worth noting that some of the references cited are dated. This is because no prior research had been done in South Africa on the challenges experienced by social workers when rendering services to adult homeless individuals, there is a lack of South African literature regarding this specific topic. It was also identified that there is a lack of policy and legislation specifically focusing on homeless individuals in South Africa. As the study took place at different organisations rendering services to adult homeless individuals in the Western Cape area, it could be seen as a limitation, as the findings regarding challenges faced by social workers rendering services to adult homeless individuals in the Western Cape might differ from other provinces in South Africa. Although the findings might not be transferrable to the entire country, the research process was described meticulously, thus the research process could be adapted to other provinces in South Africa.

1.11 PRESENTATION OF THE STUDY

This research study is made up of five chapters. Chapter 1 is an introduction to the research topic providing an overview of the rationale behind the study, the problem statement, aim and objectives of the study, as well as an overview of the research methodology that was utilised in the study. Chapters 2 and three are literature review chapters. Chapter 2 explains certain policies and legislation related to homelessness in South Africa, whereas Chapter 3 focuses on describing the services offered and challenges experienced by social workers when rendering these services. Chapter 4 of this research study pertains to data collection and data analysis.

Chapter 5 includes the discussion on the conclusions that were drawn from the analysed data and respective recommendations.

CHAPTER TWO: HOMELESSNESS WITHIN THE SOUTH AFRICAN CONTEXT

2.1 INTRODUCTION

In this chapter the focus will be on defining homelessness and explaining certain aspects surrounding this issue, as homelessness is a social problem that encompasses several other social issues, such as possible malnutrition, drug abuse, theft, and unemployment. Globally there are around 1.6 billion individuals who do not have access to safe and affordable housing options (Habitat for Humanity, 2019). Although this statistic is rather vague, the problem of homelessness is universal and should be addressed as a global issue. In South Africa it has been estimated that there were between 100 000 and 200 000 homeless individuals in 2015 (Rule-Groenewald et al., 2015).

The aim of this chapter is to address the first objective of the study, namely, to explain policies and legislation related to homelessness within a South African context. Firstly, attention will be given to defining homelessness in developing and developed countries in order to provide the context to homelessness globally. Secondly, a history of homelessness in South Africa and policies that guide service provision for homeless individuals within a South African context will be discussed. Lastly, discussions on the perspectives related to the vulnerability towards homelessness and the effects of homelessness will follow.

2.2 DEFINING HOMELESSNESS

Homelessness could be defined in various ways across different continents and countries depending on many factors. Homelessness reflects on a variety of economic and social contexts, as well as the public's perception of issues faced by members of society who suffers from the harshest form of housing deprivation (Wong, 2013). The following section will discuss how homelessness is defined in some of the developed and developing countries.

2.2.1 Defining homelessness in developed countries

It is important to look at homelessness in developed countries such as America and on the European continent, as a clear understanding of the definition of homelessness globally is needed to provide a holistic approach to this social issue. Homelessness became increasingly evident in America in the late 1970s, specifically in urban landscapes. Since then homelessness has persisted as an identified social issue in their public policy arena. In the United States of America, a homeless individual is defined as someone who lacks a fixed, regular, and adequate

night-time residence. The U.S Department of Housing and Urban Development (2016) simply defines homelessness as when an individual does not have an adequate, fixed and/or regular evening residence. Furthermore, if these individuals sleep in a shelter which is not meant as a full-time living accommodation or places not designed for human habitation, they could also be defined as being homeless. This American definition of homelessness does not include individuals who are precariously housed, such as people who stay with friends and relatives or those who have an imminent risk of becoming homeless. This population is often described as the ‘hidden homeless’ (Wong, 2013). Unfortunately, there is no other current literature available on the definition of homelessness within the United States of America (EBSCOHost, 2019). Based on the abovementioned it can therefore be argued that a homeless individual in America needs an adequate and stable house or home to reside in during the evenings, with proper support provided, otherwise that person would be defined as a homeless individual.

As part of the tasks performed by the European Observatory on Homelessness, the European Typology on Homelessness and Housing Exclusion (ETHOS) was developed by the European Federation of National Organisations Working with the Homeless (FEANTSA). ETHOS is a table developed to define terms associated with homelessness. Different categories and definitions are also provided under each main heading in the ETHOS table. According to Bush-Geertsema (2010) ETHOS is generally accepted and frequently quoted in almost all European countries. Unfortunately, there is still no consensus between all the governments in Europe on all of the conceptual and operational categories of the homeless population mentioned in ETHOS.

ETHOS formulated the following conceptual categories with its respective operational categories: roofless (people living rough or living in night shelters), houseless (people in accommodation for the homeless, women’s shelters, accommodation for immigrants, individuals due to be released from institutions, and people receiving long-term support), insecure (people living under threat of eviction or violence and people living in insecure accommodation) and inadequate (people living in extreme overcrowded, unfit housing, temporary or non-conventional structures) (Bush-Geertsema, 2010:24).

In France ‘homelessness’ or ‘homeless’ refers to individuals who are sleeping on the streets or who are in shelters, as well as people living in a hotel or motel due to not having other stable accommodation, staying with friends or family, and those who are squatting (Dietrich-Ragon, 2017). In Germany, there is no official definition for homelessness (Hanesch, 2019). The

Netherlands also make use of some of the ETHOS descriptions to define homelessness. The definition includes individuals sleeping rough, individuals staying in homeless shelters, people with short-term accommodation, and individuals staying with friends, acquaintances, or family on an irregular basis (Bush-Geertsema, 2014).

Edgar, Harrison, Watson, and Bush-Geertsema (2007) mention that housing deprivation and homelessness exist in all European countries, but that there are few official statistics available regarding this social issue. Unfortunately the available statistics can often not be compared between European countries because the definition of homelessness differs from country to country. The lack of clear data on homelessness makes it difficult to understand the cause, nature, and required intervention strategies regarding this identified problem. Edgar et al. (2007) identified that a distinction needs to be made between ‘persistent’, ‘temporary,’ and ‘recurrent’ homelessness in Europe. The comment of Edgar et al. (2007) could also be seen as a reflection on the need to understand the process and dynamic aspects regarding homelessness. From the above discussion it is clear that the definition of homelessness differs from country to country on a global level.

2.2.2 Defining homelessness in developing countries

A study was completed by Tipple and Speak (2005) to define homelessness in developing countries around the world. It was found that government or official definitions of homelessness often vary from country to country. Some definitions are very descriptive focusing on the country’s specific situation, while other definitions are very broad, general, and not specified to that country’s economic or social circumstances. Tipple and Speak (2005) found that in countries like Peru, Ghana, and China the term ‘homeless’ is widely used, although no official government definition of homelessness could be found in any of these countries’ housing development policies or censuses.

Tipple and Speak (2009) state in their book *The Hidden Millions: Homelessness in Developing Countries*, that there is little available literature on the term homelessness. The authors mention that a strong focus is placed on industrialised countries when defining homelessness in developing countries. They further state that in the few cases where the term ‘homeless’ was investigated, strong emphasis is placed on individual countries. Only certain aspects within some countries were investigated. It could thus be concluded that more research needs to be completed on the definition of homelessness in developing countries.

The increase in homeless individuals is forcing many developing countries to define homelessness by utilising criteria, such as, lifestyle, location, permanence of occupation, quality of life, and welfare entitlement. In Peru, for example, the government denies land to individuals living on the streets, while in the Republic of China the state prides itself with no unemployment and no homelessness. Egypt focuses on the quality of life when defining a citizen as homeless classifying individuals residing in marginal or unsuitable housing as homeless. This means Egypt's definition includes people living in shacks, under staircases, on rooftops, in cemeteries, or in public institutions (Tipple & Speak, 2005).

In Ghana, the definition of homelessness relates to location, as the country now accepts that any person who lives in a structure that has a roof is not homeless. Therefore, in Ghana the quality of life or suitability of the said structure is not important (Tipple & Speak, 2005). In fact, there is no word for 'homelessness' in the official Ghanaian languages, yet the Ghana Statistical Service (GSS) identified that homelessness has become a challenge over the last few years.

According to Springer (2000) and Tipple and Speak (2005;2009) there is a need for reliable data regarding homelessness for two reasons; to avoid ignorance and suppressing visible signs of homelessness, and to ensure that policy makers could formulate positive solutions. This is especially evident in developing countries where little attention is often given to homelessness. It is clear that a single definition for homelessness would probably be inappropriate, consequently, a definition which can be adapted according to different regions and that can be accepted globally, is urgently required to underpin intervention services and policy development.

South Africa is regarded as a developing country, however, defining homelessness in a South African context is challenging because South Africa, like most developing countries, has different definitions of the term. Yet, having a single definition of homelessness in South Africa is important to formulate and implement policies, strategies, and budgets. According to Olufemi (2002) a home is defined as a socially established concept that is connected to family, with a variety of attributes such as stability, warmth, comfort, privacy, security, and identity. It could thus be argued that a 'home' is considerably more important than a 'house', and that a 'house' is merely a dwelling or a physical structure (Olufemi, 1997). It could thus be assumed that when an individual is homeless, he is also not receiving aspects associated with a home as per the previous definition. It could also then be said that when an individual is houseless, he

is merely missing a physical dwelling to reside in. It is evident from Olufemi's (2002; 1997) descriptions of a home and a house, that a clear distinction should be made between the concepts of houseless and homelessness.

Cross and Seager (2010:130) classified homelessness into three different types, namely, 'detached homeless', 'temporary overnight sleepers' and 'informal settlement dwellers'. Within this description the first two categories are often referred to collectively as street homeless individuals. In a report completed by the Tshwane Homelessness Forum (2015) homeless people are referred to all those who reside on the streets whether it be under a bridge or in a bush, who are not inside a social network of assistance, and who can therefore not provide themselves with shelter.

In South Africa, working definitions regarding homelessness are adopted by non-government organisations (NGOs) to help prioritise their workload. Some NGO definitions are often tighter than official government definitions to really focus on those in need, while other NGO definitions are more all-encompassing to provide services to individuals who might not be considered homeless. The Haven Night Shelter and Welfare Organisation is the largest Non-Profit Organisation (NPO) that renders services to homeless individuals in the Western Cape. Their definition of homelessness encapsulates the following: not having a roof over one's head, losing one's sense of self-respect and dignity, being separated from one's friends and family, loosening connections with the community (e.g. a church or mosque), as well as struggling to meet basic human rights such as access to water and medical care (The Haven Night Shelter, 2019). Thus, in the South African context, homelessness could be characterised by poor housing conditions with a lack of physical and emotional wellbeing, stability, warmth, comfort, privacy, security, identity, and a lack of a physical housing structure (Olufemi, 2002;1997; Cross & Seager, 2010; Tshwane Homelessness Forum, 2015).

2.3 ASPECTS INFLUENCING THE HISTORY OF HOMELESSNESS IN SOUTH AFRICA

There are certain aspects that have had an influence on homelessness in the South African context. According to Moyo, Patel and Ross (2015:2) when viewing homelessness in South Africa from a historical perspective, this issue is inextricably linked to "lingering colonial and apartheid legacies of migrant labour, controlled urbanisation policies, and the creation of racially segregated residential areas". Even though the South African government has

dismantled Apartheid and has started to address land and housing issues, homelessness continues to be an issue, especially since there are still major housing backlogs in South Africa. Aspects that had an influence on the history of homelessness in South Africa are state-sponsored homelessness, issues regarding land, and migration issues and will be discussed next.

2.3.1 State-sponsored homelessness

South Africa has a history of state-sponsored homelessness, meaning that the government added to the issue of homelessness through certain decisions that were made throughout the course of the history of South Africa. During the 1950s the South African government pursued its agenda of separating ethnic groups and races with the Group Areas Act of 1950. This Act allowed the government to move families from their neighbourhoods to other parts of the country and although the Group Areas Act did not in itself bring into existence conditions of homelessness, it did uproot communities and added elements such as instability to communities who were often already in crisis (Morrow, 2010; Western, 1981; Platzky & Walker, 1985). This led to land ownership issues in South Africa that are directly linked to land deprivation and state-sponsored homelessness. Today this legacy could be one of the reasons why evictions that take place from overcrowded areas, or from land reserved for structures, or out of insanitary buildings, are seen as contemporary sensitive issues.

Another more recent example of state-sponsored homelessness is the South African Government's response to the worldwide Covid-19 pandemic. With this pandemic, South Africa went into a strict lockdown that greatly affected the country, but that specifically affected the homeless people and those that were on the verge of becoming homeless, or that were already struggling financially (South African Government, 2020). Most individuals in South Africa could not work due to the nationwide lockdown put in place by the government. This resulted in many South Africans' livelihoods to be at risk as they did not receive their salaries. Individuals that were already struggling to make ends meet, were faced with the reality of becoming homeless, due to not having the necessary finances to pay for rent and other necessities.

2.3.2 Land issues

Morrow (2010) argues that when looking at the history of homelessness in South Africa, issues regarding land are of great importance. Moyo et al. (2015) identified the following issues

related to land, namely, lingering Apartheid, colonial legacies, and inaccurate urbanisation policies.

Cavanagh (2013) mentions that humankind attempted to make land something that is possessed and that this has caused conflict between people. The author argues that the pause of agrarian movements in reserves or 'homelands', could have artificially preserved communal forms of land occupation. Yet, these communal enclaves became environmentally deteriorated and overcrowded causing workers to move elsewhere to industries, mines, and commercial farms. This movement of labourers was encouraged by the industries as the migrant workers provided cheap labour, were isolated, and could be easily influenced.

Morrow (2010) mentions that commercial agriculture in South Africa started moving its focus away from marginal land towards larger farms during the twentieth century. The severe economic crisis in the 1930s led to large-scale rural distress in South Africa, causing many poor white tenant farmers to be driven from their homes by debt and unemployment. The large scale white poverty was seen as a psychic shock and political threat to Afrikaner nationalism in the 1930s and the 1940s and resulted in a promise to end extreme white poverty by reserving employment for whites at governmental departments and parastatal companies.

In South Africa, between the 1950s and the 1960s, some people were forcibly removed off their land by the Apartheid government. The removals were underpinned by laws that established forms of racial inequality and racial segregation and that led to millions of black people forced from their ancestral land and out of cities and other urban areas that were mainly occupied by white people. Consequently black people had to relocate to the so-called homelands demarcated in South Africa, as well as in neighbouring countries. However, these areas quickly became overcrowded and barren.

According to Morrow (2010) there was at this point in South Africa's history no similar powerful political forces to speak up for the deprived black majority, which led the black rural poor to be forbidden to enter urban areas. However, in the seventies, the ruling National Party, began to lose its grip on the black population which led to greater mobility amongst the black majority in and around South Africa. Poor black migrants started establishing themselves in rural areas, where conditions were often destitute and where some citizens failed to obtain the most basic levels of housing and security, possibly marking the beginning of homelessness in South Africa. This was followed by an increase in urbanisation as people moved from rural to urban areas in search of employment opportunities and better living conditions.

2.3.3 Migration leading to homelessness

Migration has been identified as one of the historical factors that can lead to individuals becoming homeless. Cross-border migration has been identified as a regular occurrence within Southern Africa, especially from the poorer countries such as Malawi, Mozambique, Zimbabwe, and Lesotho towards the more industrialised and wealthier areas of South Africa (Morrow, 2010).

Restrictions on the free movement within South Africa were lifted during the same time that apartheid came to an end, which resulted in internal migration. An internal migrant is someone who moves within their own country between different provinces, areas, or towns (Skeldon, 2017). The consequences of internal migration could be seen in most of the metropolitan and urban areas of South Africa as the size and population of these areas increased significantly (Todes, Kok, Wentzel, Van Zyl & Cross, 2010). Due to this internal migration, certain areas in South Africa such as the Cape Town Metropole became overpopulated, leaving some individuals homeless.

After the first democratic elections took place in 1994, South African metropolitan cities such as Johannesburg and Cape Town became the main destination for internal and cross-border migrants (Landau & Segatti, 2009). Since then, South Africa has become an increasingly important node for individuals from all around Africa, to come and seek protection, profit, and possible onward passage (Landua & Segatti, 2009). During this time, it also became quite simple to move across South African borders, whether legally or illegally (Morrow, 2010). According to Landua and Segatti (2009:1), “human mobility in all its forms continues to transform the country’s population and economy as never before.” This freedom of movement across South African borders of migrants with no guarantees of employment, steady incomes, or a roof over their heads have increased homelessness.

Today South Africa has a considerable number of internal and cross-border migrants from its poorer and often politically unsettled neighbours. These migrants often have access to networks of compatriots who would offer support when necessary, but it is usually highly unlikely to have families who will shelter and aid them. Morrow (2010) states that if these individuals find employment, it is most likely that they will be exploited by their employers, who are aware that migrants have no access to systems protecting the rights of South African workers. Landua and Segatti (2009) state that migrants from across South Africa are attracted to the bigger cities in

search of profit, protection, and employment possibilities. They are also in danger of being exploited or not finding employment in the cities where they have no social support structures.

Based on the literature above, it is possible that these migrant individuals are vulnerable to becoming homeless in South Africa. It can also be observed that migrants who do not find work, stable housing, or much needed support, could increase the homelessness figures and statistics of South Africa (Morrow, 2010; Landua & Segatti, 2009).

2.4 POLICIES AND LEGISLATION RELATED TO HOMELESSNESS IN SOUTH AFRICA

Policies and legislation regulate the services delivered to homeless individuals in South Africa. Each respective policy and piece of legislation have their own goals and objectives. It was only after the first democratic elections in 1994, that certain policies and legislation were revised and altered by government. When these alterations were implemented within the policies and legislation, it resulted in a more inclusive and fair system for all citizens, including homeless individuals, of South Africa (Republic of South Africa, 1996).

The conditions of the Constitution of the Republic of South Africa 108 of 1996 and specifically Chapter 2 containing the Bill of Rights are applicable to homeless individuals in South Africa. The following policies related to homelessness will also be discussed, namely the White Paper for Social Welfare (Republic of South Africa, 1997), the Norms and Standards for Shelters for Homeless Adults (Department of Social Development, 2015) and the Street People Policy (City of Cape Town, 2013). Further attention will now be given to the legislation and policies.

2.4.1 Constitution of the Republic of South Africa

According to Currie and De Waal (2013) the Constitution of the Republic of South Africa (hereinafter referred to as the Constitution) brought about a constitutional revolution in the country after apartheid ended in 1994. The authors mention that when the Constitution was brought about it was the first time in history that political and civil rights could be granted to all citizens without being specific to a certain race.

Chapter 2 of the Constitution contains the Bill of Rights that safeguards human rights with the goal to end centuries of maltreatment. According to Lombard (2008) the Bill of Rights forms the cornerstone and the premise for all policies and legislation in South Africa. Certain socio-economic rights were formulated in the Bill of Rights, including that each individual has the

right to have access to adequate housing, as well as access to healthcare services, sufficient food and water, social security and social assistance if they are unable to support themselves and their dependants. Furthermore, no citizen in South Africa may be refused emergency medical treatment (Republic of South Africa, 1996). According to these socio-economic rights, the state is responsible for taking reasonable legislative and other measures within its available resources, to ensure the progressive realisation of these rights. These identified socio-economic rights oblige the state to secure as much social goods as they possibly can, such as healthcare, education, water, food, shelter, and access to land and housing, for all its citizens (Currie & De Waal, 2013). Incidentally, these are the exact needs that homeless individuals often have, but that they do not have access to.

Human dignity is one of the central values, also described as a pre-eminent value, in the Bill of Rights (Currie & De Waal, 2013). The Bill of Rights declares that everyone has inherent dignity, as well as the right to have their dignity protected and respected. Perhaps the most important right to human dignity also provides the basis for the right to equality, seeing that all individuals should possess human dignity in equal measures. As set out in the Bill of Rights (Republic of South Africa, 1996) all individuals in South Africa, including homeless individuals, should theoretically be treated equally, fairly, respectfully, and with dignity.

Unfortunately, this is not the case as Olufemi (2002) point out that homeless people often get stigmatised through discrimination and at the hands of greater society. Belcher and DeForge (2012) add that this stigmatisation includes social exclusion, negative labelling, and perceptions about a specific group. When this labelling takes place, more focus is placed on the negative views of homelessness. Ross (2010) found for example that the word ‘bergie’ is a term frequently used to refer to a homeless person, specifically in Cape Town. It is described as a derogatory term which deduces an inability to take care of themselves. It can thus be said that stigmatisations portray homeless individuals as people lacking in important human qualities, and because of that, homeless individuals are not being treated fairly or with respect, in other words in contravention with the South African Constitution.

2.4.2 White Paper for Social Welfare (1997)

The White Paper for Social Welfare was finalised in 1997. Post 1994 there was a call to embrace a just, equitable, participatory, and appropriate social welfare system to ensure that the needs of all South Africans were met. This was done by means of a developmental policy for social welfare in the form of the White Paper for Social Welfare (Patel, 2005). The goal of developmental social welfare is to help create a peaceful, caring, just, and humane society. Within this society, welfare rights should be upheld, basic human rights should be met, creative energy should be allowed, support should be provided to individuals to achieve their aspirations and build capacity, and participation should also be promoted in social, economic, and political aspects of life.

The then new democratic government of South Africa called on all sectors of society to readdress and reanalyse policies and approaches to clearly show their commitment to transformation towards a democratic society (Lombard, 2008). The White Paper for Social Welfare is the first social welfare policy that falls under the Constitution. The White Paper for Social Welfare reaffirms the government's commitment to secure human rights, active citizen participation, human wellbeing, and basic human welfare. It gives specific attention to principles, guidelines, recommendations, proposed policies, and programmes within a developmental social welfare paradigm in South Africa (Republic of South Africa, 1997).

Within the White Paper for Social Welfare (Republic of South Africa, 1997) national goals were formulated to ensure the development of the social welfare strategy. The first of these goals was to ensure that appropriate social welfare services were provided to all South African citizens, with specific attention given to individuals living in poverty, the vulnerable, and those with special needs. These social welfare services could include rehabilitation, prevention, and developmental and protection services and facilities. Attention could also be given to the social security of individuals, while focusing on social relief and care programmes, as well as the enhancement of social functioning.

When looking at the circumstances of homeless individuals it can be inferred that they need all the aforementioned services. However, in the White Paper for Social Welfare (Republic of South Africa, 1997) there is no specific section that focuses on homeless individuals, their needs, or the specific support that they should have. Meanwhile the support required by other vulnerable groups such as children and women are comprehensively discussed.

The White Paper does occasionally refer to homeless individuals but only as part of other main sections within the document, such as homeless individuals that form part of the especially vulnerable group of individuals in South Africa. When focusing on strengthening family life, it is mentioned that there are individuals who are destitute and vulnerable with specific needs and who do not form part of families or households. They are often in great need of proper social support.

2.4.3 Comprehensive Report on the Review of the White Paper for Social Welfare (2016)

In 2016 the White Paper for Social Welfare of 1997 was reviewed. The focus of the review was to assess the relevance and the appropriateness of the policy directive. The review was aimed at establishing whether the implementation of the White Paper for Social Welfare had translated to effective, efficient, and adequately accessible and appropriate services to the community. The review enclosed a rigorous and substantive assessment of social development provisions in South Africa and attention was given to social issues such as economic growth and income distribution, employment, older people, disabled people, crime prevention and support, HIV and AIDS, substance abuse, rehabilitation, and poverty reduction (Department of Social Development, 2016).

However, homelessness was again not deemed of high importance as no specific chapter had been assigned to the issue of homelessness and as the phenomenon was never specifically mentioned in the review. Homelessness does however encompass a lot of the other identified issues discussed in the report, such as, substance abuse, crime prevention, poverty reduction, community development, and sustainable livelihoods on a day-to-day basis. Yet, less emphasis is placed on the plight of homeless individuals than for instance, on children, families and/or elderly individuals. Once again it seems that homelessness was not considered to be an important issue even though in 2015 there were between 100 000 and 200 000 homeless individuals in South Africa (Rule-Groenewald et al., 2015).

2.4.4 Norms and Standards for Shelters for Homeless Adults (2015): Western Cape

The Norms and Standards for Shelters for Homeless Adults (2015) was developed by the Department of Social Development in the Western Cape. It was formulated after a need was identified by Western Cape Government to invest into shelter accommodation and focus on social welfare services that promote reintegration and social inclusion. A need was identified to regulate the services provided to homeless individuals. The document is meant to provide guidance to the management of shelters, to staff working at shelters, as well as all NGOs who

render services in partnership with the Western Cape Government (Department of Social Development, 2015). These norms and standards are important to individuals who make use of shelter services, organisations providing certain services, funders of services, the government, and various stakeholders who play a role in the street people sector. The guidelines contained in the Norms and Standards for Homeless Adults will now be discussed.

2.4.4.1 Guidelines for shelters

The Norms and Standards for Shelters for Homeless Adults (2015) provide certain guidelines for service providers on how to render services towards vulnerable individuals, as well as individuals who are currently homeless. The Western Cape Government committed themselves to ensure that shelters offer services that will help the homeless adults gain access to essential and basic social services that would promote “their dignity, provide choices, respect diversity and ensure public value for funding and to ensure that shelters meet acceptable standards” (Department of Social Development, 2015:5). To fulfil this, the Norms and Standards-document offers guidelines for the registration of shelters, admission to shelters, and providing intervention services and organisational performances.

Concerning registration, all shelters must be registered in terms of the applicable legislation. A shelter should be registered as an NPO according to the Non-profit Organisations Act 71 of 1997. Once a shelter is registered as an NPO it should provide annual reports to the Western Cape Department of Social Development. All shelters must have an admission policy. The admission policy should be non-discriminatory, sensitive to the needs of the client, and must ensure justice and equal access to shelters, as well as be in line with legislative requirements. Intervention services should also be provided at shelters. Lastly guidelines are also provided on the organisational performances of shelters. The guidelines state that all shelters should have a governing body, a management team, a human resource management system, a financial management system, as well as an internal complaint procedure.

2.4.4.2 Basic needs services

Certain basic needs services are highlighted within the Norms and Standards for Shelters for Adult Homeless Individuals (2015). Clients who enter shelters should be provided with sheltered facilities including ablution, sleeping, and dining facilities, which should be hygienic, regularly sanitised and healthy. When homeless individuals stay at shelters their privacy should always be respected. All homeless adults at shelters must be provided with healthy and

balanced meals during their stay. These services are usually provided by hosts or house parents at shelters.

2.4.4.3 Services rendered by social workers

The guidelines clearly state that all shelters should employ registered social workers. When a homeless person signs in at a shelter for the first time a registered social worker should complete an assessment of this individual to guide further service rendering. The social worker must help each individual to formulate a personal development plan. The personal development plan should set goals for homeless individuals and help them in their personal growth. A personal development plan should include the homeless person's identity number, literacy level, previous work experience, strengths, goals, as well as current needs.

Skills development programmes should also be in place at shelters. Skills development programmes provide certain skills to the homeless and could help them reintegrate successfully into their communities. The social worker should either facilitate or ensure that someone else can provide these programmes to the adult homeless. However, if a shelter cannot provide these programmes, the social worker must refer clients to other service providers who could facilitate the programmes (Department of Social Development, 2015).

Fritz (2015) mentions that in order for the Department of Social Development to successfully implement these norms and standards, support should be shown to shelters by improving organisational development which could then provide effective and optimal service delivery to homeless adults. It is recognised that to improve and support shelters to comply with the norms and standards to effectively address homelessness, would be overwhelming, specifically with South Africa's rapidly growing population and shrinking national budget. However, the Norms and Standards for Shelters for Homeless Adults responds to this challenge in a clear and focused manner. Unfortunately, there are still no norms and standards formulated for the other provinces within South Africa. It could be inferred that a lot of attention must still be given to set guidelines and formulate strategies to enable the other eight provinces in South Africa to combat the social issue of homelessness. As the Cape Town Metropolitan area has a particularly high number of homeless individuals in the Western Cape, certain policies and legislation developed by the City of Cape Town will now be discussed.

2.4.5 Social Development Strategy (City of Cape Town, 2012)

The Social Development Strategy of the City of Cape Town (2012) (SDS) emphasises the role of the City of Cape Town in advancing and maximising social development. Social development is described within the strategy as the enhancement and improvement in the quality of life for all individuals, specifically focusing on the poor and marginalised. The SDS formulated the following objectives, namely to maximise income generating opportunities, to promote and build safe communities and households, to provide support to individuals who are the most vulnerable by increasing access to services and infrastructure, to deploy resources for social development, and to promote social integration.

The SDS identified homeless individuals as an especially vulnerable group. The SDS notes that homeless individuals would need assistance to be successfully reintegrated into their communities. They also require assistance to gain access to possible job opportunities. It is stated within the document that Social Development and Early Childhood Development (SDECD) will champion interventions focusing on the prevention, accommodation, rehabilitation, and reintegration. The SDS provided a list of parties that should be involved in helping to assist street people, they are City Health, the Human Settlements Directorate, the Safety and Security Directorate (Displaced People Unit), SDECD, and the Deputy City Manager's Expanded Public Works Programme (EPWP). The document further states that the City is not always adequately equipped to provide in all the needs, thus they also make use of Non-Government Organisations (NGOs) and Community Based Organisations (CBOs) to render services to the homeless. These parties were identified because of their extensive experience and well-tested strategies (City of Cape Town, 2012). Next, the City of Cape Town formulated a Street People Policy to help address homelessness in the Cape Town Metropolitan area.

2.4.6 Street People Policy (City of Cape Town, 2013)

Prior to the development of the Norms and Standards for Shelters for Adult Homeless Individuals (2015) in the Western Cape, the City of Cape Town had already revised and approved the Street People Policy in 2013. Through a study completed by the City of Cape Town (2013), it was estimated that there were roughly 7000 people living on the streets in Cape Town. The goals of the Street People Policy are to identify and provide individuals living on the streets with necessary developmental assistance, to clarify roles and responsibilities of key

role players, and to help role players with the reunification of homeless individuals into their communities and with their families.

The Street People Policy stipulates the steps that must be taken when rendering services to a homeless individual. After a homeless individual has been identified on the streets by for example a police officer, citizen, or community workers for example, a social worker or a social auxiliary worker employed by the City of Cape Town Metropolitan Municipality must meet with this identified person (City of Cape Town, 2013). Thereafter, a case file will be opened and used throughout the process of referring the individual to a shelter. According to this policy each homeless individual should also be logged into the central street people database as soon as possible after identification. At the assessment centre of the municipality in Cape Town, information is gathered about the person's history, mental health problems, general physical health, and suspected substance abuse. The policy also states that a job readiness assessment must be completed at the assessment centre. The next priority is to find temporary or permanent accommodation for the homeless individual, such as a homeless shelter. However, before being sent to a homeless shelter a social worker will assess if the individual has friends, family, or any other place of residence where they could possibly be sent to. If this person has no place to go to, the City of Cape Town will refer them to a homeless shelter that complies with certain norms and standards as established by the provincial government. After accommodation has been found, certain training and life skill training are provided, which could assist the individual to gain access to job opportunities (City of Cape Town, 2013).

It can thus be seen that there are certain policies and legislation related to homelessness in South Africa. However, as there is nothing specific in national policies such as the White Paper for Social Welfare, the issue of addressing the homeless has been handed over to provincial governments who can decide for themselves how they would like to manage homelessness specifically. The latest document formulated by the City of Cape Town is the Integrated Development Plan, identifying homeless individuals as a specific vulnerable group of individuals.

2.4.7 Integrated Development Plan (City of Cape Town, 2017)

The Integrated Development Plan of the City of Cape Town (IDP) is the overarching framework strategy that helps shape policies, prioritise budgets, and formulate programmes. It will be in use for five years until 2022, whereafter it will be revised and readjusted according to progress that was made. The IDP aligns with the Street People Policy (2013) of the City of

Cape Town as both the IDP and the Street People Policy aim to create a ‘caring city’. It is one of the IDP’s goals to provide social services to those who need it and as the IDP recognised homeless as an especially vulnerable group, homeless people are regarded as a priority in realising this goal (City of Cape Town, 2017).

Sadly, it has been reported that the City of Cape Town want to start issuing fines to homeless individuals for obstructing pedestrian traffic. These steps will be taken together with the promulgation of other bylaws such as the prohibition of camping, addressing noise, creating nuisances, and setting fires in undesignated areas. These fines could range between R300 to R1500 (Bhengu, 2019). These reported steps of the City of Cape Town do not contribute to the idea of creating a ‘caring city’.

2.5 PERSPECTIVES RELATED TO ANALYSING VULNERABILITY TO HOMELESSNESS

There are certain perspectives that can be utilised when analysing an individual’s vulnerability to becoming homeless. This could provide the service providers with a clear idea of which issues to focus on when rendering services to homeless individuals. By investigating the causes of homelessness, service providers could develop a more preventative service plan, rather than try to fix the problem once it has already presented itself. This section will therefore focus on what the causes are for individuals to choose or be forced to become homeless and/or seek help at shelters. This will be done by focusing on two perspectives related to the causes of homelessness.

According to the *Encyclopaedia of Social Work* (Wong, 2013), there are two different contrasting perspectives when analysing an individual’s vulnerability towards homelessness, namely the structural perspective and the individual-vulnerability perspective. These two perspectives were first formulated in diametrically opposing positions, but Burt (1992) identified that as the understanding of homelessness grew over the years, it became clear that both these perspectives need to be considered because homelessness per se is complex in nature. Fitzpatrick, Kemp and Klinker (2000) also identified that research reflects that homelessness became more apparent through a combination of circumstances and events reflecting from personal life experiences, as well as more comprehensive economic and social factors which could be applicable to individuals as well as households. It can thus be argued

that both perspectives could be of importance when looking at an individual's vulnerability towards becoming homeless.

Although Anderson and Christian (2003) found that behavioural aspects may be of importance in describing individual cases of homelessness, they also mention that structural trends affect the total level of homelessness. Anderson and Christian (2003) illustrate that an individual impacted by unemployment as well as a housing crisis will be more at risk of homelessness than an individual that is affected only by a housing issue. Thus, when the structural and individual-vulnerability perspectives are put together it shows that some individuals are more at risk of becoming homeless than others (Encyclopaedia of Social Work, 2013; Anderson & Christian, 2003; Fitzpatrick et al., 2000).

2.5.1 The structural perspective related to homelessness

The structural perspective explains factors and forces that have been associated with the growth in homelessness statistics since the 1970s in America, as well as the variation in homelessness rates between different cities (Wong, 2013). Structural factors are factors that have an impact on homelessness through changes that happen in society. Individuals affected by homelessness, or who are vulnerable to homelessness, have no control over these structural factors. Structural forces could include a shortage of reasonably priced rental housing, the increase of single-parent and single-person households, an increase in unemployment, a decline in marriages, a change in the economy from industry based to service based causing a decline in earnings, insufficient community care for individuals with psychiatric disabilities, and the minimising of public assistance benefits since the early 1970s.

In South Africa, there are also structural factors that have an influence on an individual's vulnerability towards becoming homeless. Cross and Seager (2010) state that structural factors include unemployment and economic issues. In South Africa, most adult homeless individuals move from rural areas and townships towards primary cities after not being able to find jobs or livelihoods in their own areas. In South Africa, social grants are put in place to improve the standard of living and redistribute wealth to avoid these structural causes, previously no social grants have been allocated to homeless individuals. Recently, due to the Covid-19 pandemic, the South African Government introduced the pay out of a temporary Social Relief of Distress grant of R350 to last for six months until October 2020. The following individuals qualified for the grant, unemployed adults (older than 18), individuals not receiving an income currently, adults not receiving any other social grant, individuals not receiving employment insurance

benefit, and individuals not receiving the stipend for the National Student Financial Aid Scheme (South African Government, 2020). According to the aforementioned criteria, homeless individuals with required identity documentation would be able to apply for the Social Relief of Distress grant.

2.5.2 The individual-vulnerability perspective related to homelessness

The individual-vulnerability perspective applies to personal circumstances and characteristics that influence the differential risks of homelessness among individuals who are precariously and marginally housed. Specific focus is also given to identify households as well as individual characteristics to make a distinction between homeless families and homeless single adults from their housed peers (Wong, 2013). To identify individual vulnerability factors, one has to look at issues related to families and households, such as domestic violence, foster care, physical or sexual abuse, trauma during childhood, marital and/or relationship breakdowns, widowhood, as well as arguments with family members leading to relocation. The following factors were also identified, namely, mental disabilities, physical health problems, criminal behaviour, prison sentences, addiction to drugs and/or alcohol, lack of social support, and educational issues (Wong, 2013; Anderson & Christian, 2003, Fitzpatrick et al., 2000). In South Africa, Cross and Seager (2010) identified the following individual-vulnerability factors related to homelessness, poor mental health, issues related to family relationships such as abuse, domestic violence and breaking of family ties, substance abuse, addiction, and searching for a better life and independence.

When looking at the structural perspective and the individual-vulnerability perspective there are several causes for becoming homeless. It is different for every individual, for some it could only take one of these factors to become homeless, while for other individuals it might be the combination of four or five different factors that drive them to homelessness. Thus, it is important to look at perspectives related to causes of homelessness, as these are the causes that social workers must address effectively and efficiently when providing intervention services to ensure reunification into the community.

2.6 EFFECTS OF HOMELESSNESS

Homelessness has certain effects on the individual. It cannot be seen as one single problem because there are so many effects linked to homelessness. There are sometimes severe or tragic consequences for the individuals affected, as well as society as a whole, when attention is not

given to the effects caused by homelessness. Attention will be given to the following identified aspects such as the health of the homeless individual, substance abuse affecting homeless individuals, incarcerations as an effect of homelessness, as well as social problems influencing homelessness. Unfortunately, limited research has been done regarding the effects of homelessness, thus older sources were combined with newer research to discuss the effects of homelessness (EBSCOHost, 2019).

2.6.1 Health issues

Eberle, Kraus, Serge and Hulchanski (2001) mention that in North America the proportion of homeless individuals who report themselves in fair or poor health is remarkably higher than those reported by the general population from developed countries. Reports have also indicated that homeless individuals face health problems similar to what the general population face, but at a much higher rate. It was further reported that there is a strong connection between mental health issues and homelessness.

Eberle et al. (2001) mention that it has been estimated that roughly a third of homeless individuals suffer from mental illness. It has been noted that in certain cases, mental illness makes people susceptible to homelessness, while in others, homelessness is seen as a trigger or a cause of mental illness. It was mentioned that homelessness would likely increase the seriousness and duration of mental illness, while mental illness would also increase the likelihood of longer durations of homelessness. Moyo et al. (2015) add that mental illness and homelessness could be seen as two interdependent variables, seeing that the one could cause the other and vice versa. Cross and Seager (2010) state that in South Africa mental illness could be exacerbated due to life on the streets. Some of the most common mental health issues related to homelessness are depression, bipolar depression, schizophrenia, personality disorders, and post-traumatic stress disorders (Eberle et al., 2001).

Homeless individuals have been identified to be at a high risk for acute and chronic health disorders. Studies completed in the USA on effects of homelessness, have indicated that the most common acute disorders were upper respiratory infections, traumas leading to post-traumatic stress disorders, minor skin ailments, serious skin ailments, and problems with scabies and lice. Chronic physical diseases could include genito-urinary problems, gastro-intestinal disorders, or heart disease. Homeless individuals are also prone to chronic skin diseases, as they often have great difficulty cleaning their bodies and clothes (Eberle et al., 2001).

Wright, Rubin and Devine (1998) mention that a lack of proper medical attention on a regular basis could contribute to these chronic disorders. Peripheral vascular diseases result from constant forced walking, as well as a tendency to sleep with legs in an uncomfortable position. This disease could later result in other health issues such as ulceration, cellulitis, oedema, and thrombosis. Infections result from exposure to the environment and poor hygiene that often lead to gangrene and amputations. Other health issues that could affect homeless individuals are HIV/AIDS, Tuberculosis, dental problems, nutritional disorders, and sleep deprivation. These all contribute to the overall poor health of homeless individuals living on the streets (Eberle et al., 2001; Wright et al., 1998).

Wright et al. (1998) mention that one of the costs of being homeless could be a reduced life expectancy of roughly 20 years. The primary causes of deaths amongst homeless individuals were identified as accidental or unintentional injuries, natural causes, homicide, and suicide. It has also been identified that homeless men, between the ages of 25 and 44, were four times more likely to die, than the same age group of men in the general population. For this age group, leading causes were identified as HIV, drug overdoses, injuries that were not treated, and eating items causing them to become ill. It was also stated that homeless men between the ages of 45 and 64 were more than twice as likely to die than men in the general population. The leading causes in this age group were identified as cancer and heart disease (Eberle et al., 2001).

Among homeless women, unplanned pregnancy rates are high compared to women living in stable housing environments (Wright et al., 1998). Some factors that contribute to high pregnancy figures in homeless women include participation in survival sex (e.g., selling their bodies for food and/or safety), little to no supply of contraceptives and condoms, and sexual abuse and rape (Smid, Bourgois & Auerswald, 2010). There are also health issues related to pregnancy of homeless women such as insufficient nutrition, excessive stress, sanitation issues, and medical diseases (e.g., hypertension and genito-urinary infections). There are higher reported rates of alcohol and drug misuse and abuse by pregnant homeless women, which could also impact on women's health. These factors result in a higher percentage of infants born with low birth weights or infants born with Foetal Alcohol Spectrum Disorder. In such a scenario, it was found that the risk of infant mortality is infinitely higher compared to that of the general population (Eberle et al., 2001; Stade, Clark & D'Agostino, 2004). Foetal Alcohol Spectrum Disorder is a neuro-developmental and physical disorder that could lead to disability. This

disability in return has lifelong physical, mental, social, and behavioural consequences for the infant (Stade et al., 2004).

2.6.2 Substance abuse as a cause and effect

Substance abuse plays a big part in homelessness. In a study conducted by Borchard (2005) it was found that 29% of homeless individuals had an experience where they needed to detox themselves from alcohol or drugs. A further 27% mentioned that they had an addiction to alcohol. Both these figures could indicate that there is an issue with substance abuse amongst homeless individuals in America (Shlay & Rossi, 1992; Borchard, 2005).

It is important to distinguish when substance abuse and addiction became evident as there are different reasons for addictions amongst homeless individuals. Firstly, it was found that these individuals have had addictions towards certain substances for years before becoming homeless. Secondly, for others the addiction led to a snowball effect of losing their job, exhausting their savings, being arrested, getting divorced, and breaking family ties, which then lead to them becoming homeless. Thirdly, it was concurred that once individuals were homeless, they resorted to alcohol and drugs as coping mechanisms or as a way to escape from issues associated with being homeless (Borchard, 2005). Borchard (2005) also found that the use of drugs or alcohol is seen as a comfort to individuals who are homeless, often leading to addiction to these substances. It was found that alcohol was the one substance that was both easy to acquire and the most effective when wanting to numb physical and mental pains. It is difficult to determine an exact cause and effect relationship between homelessness and substance abuse, seeing that they are so interrelated (Borchard, 2005).

2.6.3 Risk of being incarcerated

Individuals who are homeless, especially those who suffer from mental illness, are at a high risk of being incarcerated. It has been suggested that crime is unavoidable among individuals who are homeless. The potential for crimes is also more likely if an individual has been homeless for a long period of time, or if an individual suffers from a mental illness (Eberle et al., 2001; Hewitt, 1994). Often incarceration takes place after a series of misconducts and petty crimes as will be discussed in this section.

In the United States of America, Roskes and Osher (2006) mention that, in the year preceding their arrests, 18.6% of inmates in federal prisons suffering from mental illness, were identified as being homeless. In the local jails 30.3% of the inmates suffering from mental illness were

identified as being homeless in the 12 months preceding their arrests. Specifically, in New York it was documented that 20% of arrested individuals were homeless the night prior to their arrest.

Four different reasons why criminal activity takes place among the homeless, has been identified. Firstly, criminal activity could be seen as a way to survive for many homeless individuals, as it is hard for them to find a job and as they often do not benefit from public support programmes. Thus, many turn to pickpocketing, shoplifting, prostitution, small scale drug dealing, and not paying fares or tabs. Secondly, the constant or habitual homeless criminals often suffer from chronic deviant behaviour, drug disorders, or have antisocial personalities that lead to them committing petty crimes. Thirdly, evidence has been found that homeless people manipulate police into arresting them, in order to acquire temporary refuge in jail (they know they cannot afford bail and those that suffer from mental illness often get treated in jail (Osher & Han, 2002; Roskes & Osher, 2006)). Lastly, homeless people also display criminal behaviour which would land them in a correctional institution rather than being institutionalised or sent to appropriate socio-economic systems (Hewitt, 1994; Fischer, 1992; Elberle et al., 2001).

It can be concluded that the lack of housing and some services that the homeless can access in prisons, may lead to homeless individuals going to jail multiple times. This revolving-door cycle can be interrupted by identifying possible housing options and granting the homeless access to those housing opportunities (Roskes & Osher, 2006).

2.6.4 Increase in social problems

Homelessness contributes to social problems both directly and indirectly by impacting the following generation (Hausman & Hammen, 1993; Eberle et al., 2001). Homelessness has been reported to contribute to a number of indirectly related social problems, as homelessness often leads to families breakdown and abuse, unfavourable childhood experiences, child development issues, youth pregnancy, and inadequate parenting skills. In some instances, these identified social problems are the cause of homelessness, while in other cases homelessness lead to these problems. Abuse, whether sexual, emotional, or physical is often seen in families, leading for the family to break down. When this abuse is directed at, or seen by the child, it leads to unfavourable childhood experiences. When children are raised on the streets it adds to social problems because the child does not get the proper education and support needed to function optimally in society (Haber & Toro, 2004; David, Gelberg & Suchman, 2012).

Many factors contributing to family homelessness also impair parental functioning. The state of homelessness erodes the ability of the homeless adults to provide protection and support to their families, and to respond to the needs of their children. These issues and struggles experienced by adult homeless individuals may have both immediate and long-term effects on their children's development which consequently affects the child's future capacity to function as a parent and member of society (David, Gelberg & Suchman, 2012).

2.7 CONCLUSION

In this chapter attention was given to describing homelessness, the historical aspects that influenced homelessness, policy and legislation related to homelessness, perspectives related to causes of homelessness, as well as the effects of homelessness. It is clear that homelessness is a social issue encompassing a number of other related issues in South Africa as well as globally. It can be concluded that there are little to no policies and legislation specifically focusing on homelessness in South Africa. It has also been made clear that homelessness is an important social issue related to many other issues, but due to a of lack of policies and legislation to support and offer guidance and structure to service providers rendering services to homeless individuals, this social problem is not addressed properly. It is important to continue to give as much attention possible to the social phenomenon of homelessness as well as the intervention services available in South Africa. The next chapter will focus on social work services available to homeless individuals, as well as the challenges social workers face while trying to implement the restricted number of identified norms and standards, policies, and guidelines that are available in South Africa.

CHAPTER THREE: SOCIAL WORK SERVICES AVAILABLE TO HOMELESS INDIVIDUALS

3.1 INTRODUCTION

Homelessness encapsulates a lack of socio-economic opportunities which are often necessary for human survival. Socio-economic opportunities include access to job opportunities, health services, as well as education. Due to this lack of opportunities, services are needed to support homeless individuals on a daily basis to meet their basic needs as well as to enable them to reintegrate into society. In the South African context, social workers are mostly responsible to deliver these services. However, social workers often experience challenges in service delivery which could also be applicable to social workers working with homeless individuals. The aim of this chapter is to address the second objective of the study, namely to describe the services provided and challenges faced by social workers working with adult homeless individuals aided by the ecological perspective. Attention will be given to the needs of homeless individuals, services provided to meet these needs, as well as challenges that social workers experience while rendering these services. The ecological perspective is utilised as a point of departure to identify the possible services that adult homeless individuals may require.

3.2 NEEDS OF HOMELESS INDIVIDUALS

Adult homeless individuals have specific needs. To discuss these needs, Maslow's hierarchy of needs will be utilised as the underlying theoretical framework. Maslow concluded that human needs should be recognised on five different levels (Maslow, 1954) consisting of the following needs: physiological (oxygen, food, water, excretion), safety and security (structure, limits, and consistency), belonging and love, self-esteem, and self-actualisation. According to Maslow an individual would want to meet the next level when the previous level has been satisfied. It is believed that the lower the need is in the hierarchy, the more dominant this need is. These levels are visually illustrated in Figure 3.2 (Maslow, 1954).

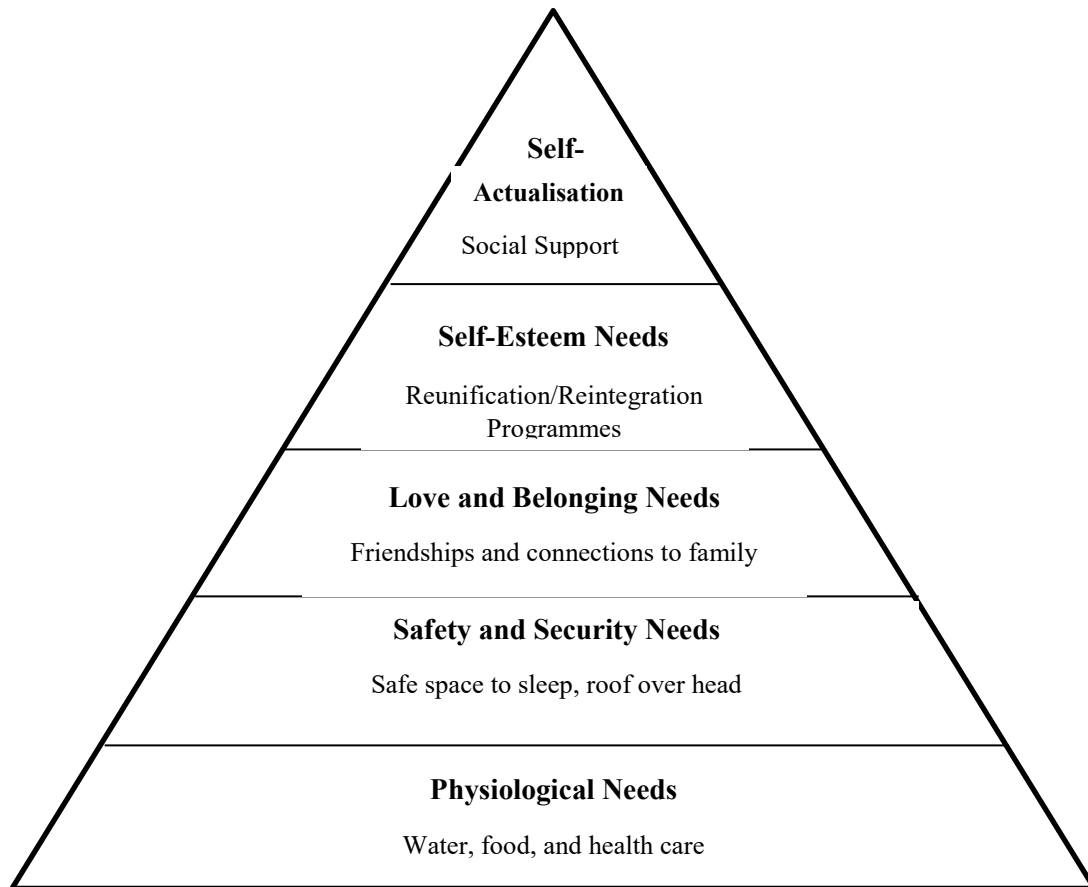


Fig. 3.2: Needs of homeless individuals: Maslow's hierarchy of needs model (Maslow, 1954)

It is important to look at the needs of homeless individuals to determine the types of services that should be rendered by service providers at night shelters and/or other supporting facilities. These needs are consequently discussed.

3.2.1 Physiological needs

Physiological needs are identified as the need for water, food, and healthcare. These would help homeless individuals survive on the streets and are seen as the most basic needs required for survival.

3.2.1.1 Water and food security

Water and food security are part of the physiological needs of the homeless. Uddin, Walters, Gaillard, Hridi and McSherry (2015) mention that every individual has the right to water, sanitation, and hygiene. However, for homeless individuals this fundamental right is often not met. Walters (2014) states that homeless individual's rights to water, sanitation, and hygiene often are not explicitly and adequately addressed in national or international policies.

Lee and Greif (2008) state that homeless individuals are specifically vulnerable towards hunger within a population of disadvantaged individuals. Their fragile financial situations reduce access to overnight accommodations with kitchen facilities where meals can be prepared. Apart from not having access to food or facilities, the homeless are often uninformed regarding nutritional matters. This could be attributed to a limited education that often inhibits the effort to ensure they have enough to eat during the day. The haggard appearance of some homeless persons, along with their preparedness to receive hand-outs and willingness to search through garbage for food, visually indicate the need for food among impoverished individuals (Lee & Greif, 2008).

South Africa faces some of the highest figures regarding income inequality in the world. Unfortunately, this inequality goes hand in hand with exceptionally high levels of absolute poverty (Chakona & Shackleton, 2017) and even though South Africa is rated as a food secure nation, there are large numbers of individuals and households who have food insecurities. This correlates with high figures of under nutrition which are related to unemployment and poverty. Thus, because homeless individuals in South Africa are both unemployed and living in poverty it can be assumed that they are also in need of food security on a day-to-day basis. In a South African study by Chakona and Shackleton (2017), the participating homeless individuals mentioned that food security can be ensured by working hard, engaging in community projects, and being employed on a more permanent basis.

3.2.1.2 Healthcare needs

Healthcare needs of homeless individuals can be seen as part of their physiological needs. If healthcare needs are not addressed, homeless individuals could die because of the effects of certain diseases they have as a result of living on the street. Unfortunately, healthcare for the homeless, especially preventative services, is not a priority as many of their resources primarily go towards ensuring a safe, secure, warm, and dependable place to sleep, food, and often drugs and alcohol, instead of spending their time and money on health issues (Tulchinsky & Varavikova, 2014). For the homeless individual to survive it is essential that they attend to their physiological healthcare needs.

A study of Baggett, O'Connell, Singer and Rigotti (2010) in the United States of America on adult homeless individuals who make use of clinics, found a high rate of unmet needs for healthcare services amongst homeless individuals. These included vision impairment issues and health issues related to food insufficiency. It was also found that homeless individuals

lacked health insurance. It was suggested that homeless individuals need affordable health coverage, adequate food services, and services for vision screening.

A French study about the unmet healthcare needs of adult homeless women (Vuillermoz, Vandentorren, Brondeel & Chauvin, 2017) found that homeless women had many barriers to healthcare in France. Among the women who were interviewed, 25.1% identified that they had at least one unmet healthcare need within the previous year. Most homeless women indicated that they were not visiting doctors or specialists anymore, due to their needs not being met. A study in the Netherlands found that homeless individuals experienced poor health conditions and had unmet healthcare needs. These unmet healthcare needs were linked to their unfavourable social situations. It was suggested that primary healthcare workers such as nurses, street doctors, and general practitioners should collaborate with social care services (Verheul, Van Laere, Van Genugten & Van den Muijsenbergh, 2020).

An Asian study regarding the integrated healthcare system, found that in less-developed countries such as India, Indonesia, Philippines, Thailand and Vietnam, poverty is still a significant issue. Unfortunately, constraints in terms of healthcare needs in these identified countries are linked to poor accessibility, availability, and affordability of the healthcare system. Low-income patients, such as homeless individuals, often struggle to pay their healthcare bills, as there is not always government reimbursement (Tham, Tran, Prueksaritanond, Isidro, Setia & Welluppillai, 2018).

In South Africa, most citizens depend on the public health sector. It can thus be said that the public health facilities play a crucial role in the healthcare of South Africans. However, the condition of the public health sector can be described as ailing, failing, crumbling, and collapsing. Government resources should be directed at this sector to ensure improvement of service delivery (Edmeston & Francis, 2019). Homeless individuals in South Africa rely on the public health sector to take care of their health needs, however the issues in the healthcare sector have a direct impact on homeless adults. Recently this was exacerbated by the worldwide coronavirus pandemic. Tsai and Wilson (2020) state that it is highly likely that Covid-19 will affect many homeless individuals as they tend to live in environments that are favourable to the spreading of such a disease due to small unhygienic spaces homeless adults often sleep in.

3.2.2 Safety and security needs

Maslow (1954) identified that the second level of needs are for safety and security. According to the theory, all individuals want to feel safe and secure within their living environment. For homeless individuals to feel safe and secure they must have a roof over their heads, that is, they need housing options. Yet, to be able to afford housing they also need financial stability.

3.2.2.1 Housing needs

Safety and security needs can be met when a homeless individual has a place to sleep or stay on a more permanent basis. Unfortunately, a fundamental problem of a homeless person is that they have no housing options. It is seen that health problems of homeless individuals are directly linked and related to their physical state of houselessness. In a Canadian study of Miller, Donahue, Este and Hofer (2004), it was found that most participants expressed a desire to be able to live in a small house with a garden with some close friends or family members. Other individuals mentioned the need for subsidised housing, while others asked simply for more affordable renting options. The Canadian study found a clear need for affordable housing options amongst the participants.

In their book, *State of Housing in the EU*, Pittini, Dijol, Turnbull and Whelan (2019) identified a need for social housing within the European Union's welfare state. This is seen as a positive step, due to the continuing need for social housing in Europe as there is a shortage of affordable housing in Europe. The quality of the housing support options was identified as a challenge for the European municipalities and service providers. Homeless individuals were also included in the list of individuals in need of housing support amongst the elderly, individuals with limited income, people with a mental illness or disability, and large families. According to the Australian Council of Social Service (2019) the country is facing very serious issues regarding the affordability of housing. Whilst there are about 105 000 individuals that are homeless in Australia, the crisis accommodation services are turning away about half of the individuals looking for housing in this time of need. This is purely due to a lack of accommodation options. The Australian Council of Social Service (2019) suggests that a fair housing system should be implemented where lower income Australians, and at-risk individuals could gain access to safe, secure, and affordable housing options.

In South Africa in a study by Manomano, Tanga and Tanyi (2016) it was mentioned that although individuals living in South Africa have access to government low-cost housing, there were still many housing issues amongst the poor and the needy individuals in the country. It

was found that housing issues in South Africa are worsened by corruption and mismanagement, poor housing material, poor location of housing projects, lack of involvement of beneficiaries and stakeholders, urbanisation, and unemployment. It was stated that if further housing projects and/or programmes were to be initiated, they should be monitored and evaluated. These housing projects would not only be beneficial to homeless individuals but would also benefit families currently living in shacks and informal housing options. Unfortunately, these projects are falling behind the planned time frame. Thus, current programmes and/or projects should be re-strengthened and reorganised by particular management parties. Even though an effort has been made in South Africa to start housing projects, the country is still a long way from providing housing options for all individuals and especially for homeless individuals who do not have an income to contribute to the financial costs involved in living in a house.

3.2.2.2 Financial stability and employment

Homeless individuals need to be employed as this would lead to their financial stability. Financial stability and employment falls under the concepts of safety and security as described by Maslow (1943). However, homeless individuals find it extremely difficult to save enough money to be able to pay a deposit on a property or even to pay the first month's rent. Homeless individuals mentioned that if they were employed, their financial struggles would be considerably less, and could put them in a position to be able to support themselves and to live independently. Therefore, if the unemployment amongst homeless individuals do not change, they will not become financially stable. When it comes to being employable, there is a specific need for more and better training opportunities, more guidance when seeking jobs, as well as more opportunities for higher paying and stable work (Miller et al., 2004).

Globally many individuals are not employed. According to the *Statistical Yearbook* (2019) compiled by the United Nations, the highest unemployment rate was Lesotho with 28.2%. Other countries with high unemployment rates are Mozambique (24.8%), Eswatini (26.5%), and the Occupied Palestinian Territories (26.4%). Globally countries with larger economies have much lower unemployment rates such as the United States of America (4.1%), Canada (5.9%), Brazil (11.6%), Italy (10.4%), China (4.8%), and India (3.5%). As seen in Chapter 2, unemployment could be a cause or an effect of being homeless. It could thus be derived that there is a big need for employment, which could offer financial stability for homeless individuals globally.

In the fourth quarter of 2018 the unemployment rate in South Africa was 27.1%. Exactly a year earlier the unemployment rate was 26.7%. The average unemployment rate in South Africa between 2000 until 2018 was 25.63%. In the fourth term of 2019 the unemployment rate was at 29.1% (Trading Economics, 2020). More than one in every four individuals in South Africa is unemployed. Unemployment is thus already a socio-economic issue in South Africa and has been identified in Chapter 2 as one of the reasons for homelessness and as was discussed it could also be a need of the homeless individual. Employing a homeless individual could thus lead to their financial stability.

3.2.3 Love and belonging, self-esteem, and self-actualisation needs

The last three levels in Maslow's hierarchy of needs are a need to be loved and to belong, the need for self-esteem, and the need for self-actualisation. Love and belonging needs include feelings of belonging and being socially accepted. This need for interpersonal relationships often motivates the behaviour of an individual. Self-esteem needs are linked to one's dignity, achievements, mastery, independence, status, and prestige. The last need on the hierarchy is the self-actualisation need which includes an individual realising their personal potential, self-fulfilment and personal growth (Maslow, 1954). Homeless individuals often have a very low self-esteem with very little sense of love and belonging when living on the streets. If social support services are made available for homeless individuals, these needs could possibly be met (Parker, 2012).

Shumaker and Brownell (1984:13) defined social support as "an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the wellbeing of the recipient." Within the context of vagrant or homeless individuals in South Africa, the recipient would be a homeless individual and the provider might be any business, non-government organisation (NGO) or citizen providing a resource to the homeless individual where the resource could be any form of food, water, clothing, shelter, skills, and/or counselling services. Therefore, when providing social support, homeless individuals' need for love and belonging, self-esteem and self-actualisation could be met. Gottlieb (2000) described social support as the process of interaction in relationships which improves certain qualities of one or all parties. These qualities include coping, esteem, belonging, and competences. Social support for homeless individuals would then include factors such as forming relationships, programmes to better themselves, counselling services, and any other programmes such as

rehabilitation programmes offered by organisations rendering services to adult homeless individuals.

In the South African context, literature focusing on the social support needed by homeless individuals is scarce. The available research focuses mostly on the causes, history, or definition of homelessness (EBSCOhost, 2019). However, as seen from the international literature referred to above, homeless individuals need support systems such as housing options, employment opportunities, and emotional support. Therefore, if South Africa wants to reduce homelessness, adequate social support should be provided to the homeless not only to enhance their wellbeing but also to address emotional and economic needs.

3.3 SERVICE DELIVERY TO HOMELESS INDIVIDUALS: AN ECOLOGICAL PERSPECTIVE

Globally, social workers deliver services to adult homeless individuals. In South Africa, a diverse range of services are provided by social workers to homeless individuals. To help analyse and understand the phenomenon of homelessness, as well as the services that are delivered to these individuals, the discussion will be aided by the ecological perspective. The ecological perspective will ensure a broad theoretical framework within which to apply effective intervention strategies to address the needs of adult homeless individuals.

Within the ecological perspective, an individual's behaviour and needs are affected by factors at different levels of his or her environment that lead to certain effects (Bronfenbrenner, 1980). It is thus important that service delivery is discussed keeping in mind the different levels in an individual's environment. An individual's ecological levels comprise four different organised subsystems that provide support and guide human growth. These levels are divided into microsystems, mesosystems, exosystems, and macrosystems. These levels range from the relationship between a person with his or her immediate environment, to patterns of culture, as well as bodies of knowledge and the economy (Bronfenbrenner, 1979). Services delivered to adult homeless individuals will now be discussed in terms of micro-, meso- and macro-level service rendering. No services are delivered that are linked to the exosystem.

3.3.1 Micro-level service rendering

Bronfenbrenner (1979) states that the microsystem can be described as the most basic system as it refers to a person's most immediate environment. This system could include the effects of the individual's personality characteristics on other family members or individuals close to him or her. Within the microsystem individuals will have direct social interactions with their identified social agents. Lastly, individuals are not merely recipients of the experiences within their microsystem, but active role players who contribute to the construction of their environment or their microsystem.

Homeless individuals get influenced by the people and systems surrounding them. During service delivery social workers should make use of an ecomap with the aim to determine the different systems in an individual's environment. This ecomap could then be utilised to further render services and support to adult homeless individuals (Hartman, 1975). Kirkpatrick and Byrne (2009) state that the relationships that normally form part of a person's microsystem have often been compromised in the case of homeless persons. It is at this micro-level that services rendered to the homeless by service providers are very important. These services will most often be provided at homeless organisations such as night shelters and include client assessment where one would develop a personal development plan and delivering basic services.

3.3.1.1 Client assessment

Johnson and Yanca (2013) argue that the first step of any social work intervention process should be an assessment of the client completed by the social worker at the organisation. The authors state that the assessment phase should include identifying the initial need or concern of the client, gathering all relevant information about the identified need or concern, identifying the strengths and weaknesses of the client and its eco systems, and an analyses of the abovementioned information. After this assessment is completed the social worker and client should formulate an action plan (also referred to as a personal development plan or an individual support plan). The planning phase forms the bridge between the assessment and the action, which would set change into motion for the client at hand.

Anderson (2010) states that in Europe, a risk assessment or early intervention should be the first step or service made available to a homeless individual. The author states that homeless individuals have a complex variety of needs that would need a wide range of individuals or

agencies to be involved in services provided. Thus, a thorough assessment of each homeless individual is very important.

In the Western Cape of South Africa, the Norms and Standards for Shelters for Adult Homeless Individuals (Department of Social Development, 2015) suggests that an assessment should be completed and a personal development plan should be developed by the social worker together with the homeless individual. With the development of the development document the social worker is in fact rendering a service within the microsystem, in this situation the homeless individual and the social worker are directly interacting with each other (Bronfenbrenner, 1979).

When a homeless individual arrives at the shelter, the individual meets with the social worker. The aim of this interaction is that an assessment should be completed. During the assessment, the social worker collects information about the homeless individual such as age, identity number, literacy level, work experience, goals, strengths, as well as current needs. Based on the information gathered, a personal development plan is formulated. This personal development plan includes goals and objectives formulated as a plan for the duration of the individual's stay at the shelter. These goals and objectives are time specific and include an exit strategy from the night shelter, given that shelters do not provide permanent housing. The rules and regulations of the shelter should also be communicated to the client when completing this document. The client and the social worker then both sign the completed document that serves as a contract which is then stored in the client's file (Department of Social Development, 2015).

3.3.1.2 Basic needs services

The provision of basic needs is an integral part of service delivery to homeless individuals. In Europe a review was completed regarding the services provided for homeless individuals by Isobel Anderson. In this review, Anderson (2010) states that all services provided to homeless individuals should be based on the service user's needs and should not focus on the service providers' organisational goals. Anderson (2010) recommends that homeless individuals' basic needs should be met by service providers, such as providing basic accommodation, food, clothing, and bathing and laundry facilities. Another European study identified that providing basic needs should be the main goal of service providers working with the homeless. These basic needs were identified as food, clothing, safety and ablution facilities (Gaboardi, Lenzi, Disperati, Santinello, Vieno, Tinland, Vargas-Moniz, Spinnewijn, O'Shaughnessy, Wolf, Bokszzanin, Bernard, Beijer, Ornelas & Shinn, 2019).

In South Africa, the Norms and Standards document (Department of Social Development, 2015) is in line with the European review, as the provision of basic needs is emphasised. It is stipulated that clients should be provided with sheltered facilities, ablution facilities, water, and food for the duration of their stay at the shelter. By rendering these services, night shelters are also fulfilling in the basic needs of homeless individuals as indicated by Maslow (1954). Prinsloo and Van der Berg (2018) state that in the South African context, all organisations that render services to homeless individuals strive to provide their basic needs. The approach being that homeless people will exit their state of homelessness once their basic needs have been met. To satisfy their basic needs is thus seen as the foundation for survival for these individuals living on the streets.

Research indicates that when homeless individuals' basic needs are met through service rendering, they are often encouraged to assist social workers and other staff members with tasks at the shelter, such as cleaning, cooking, and gardening. Therefore, social workers should understand the culture of homelessness, as well as the many factors that affect homeless individuals, to ensure effective service planning and provision of basic needs on a micro-level. When homeless individuals utilise these basic needs services, they are involved in certain decision-making processes and planning, as they must decide whether or not they want to make use of all the services provided such as meals, clothing, beds, and counselling services (Hodges & Videto, 2005; Hauff & Secor-Turner, 2014).

3.3.1.3 Aftercare services

Aftercare services refer to certain services provided to an individual to adapt into everyday community life after an individual has reintegrated into society or reunified with family members (Mittal, 2005). If reunification and reintegration does take place, aftercare services should be provided to the individual who was previously homeless. These services must be made available and maintained for six months after reunification takes place (Department of Social Development, 2015).

It is often seen that homeless individuals revert to life on the streets even though they obtained help. However, it is believed that if proper aftercare services are provided to homeless individuals, the numbers of adults reverting to homelessness can be minimalised. In the shelters in the Western Cape there are certain procedures that are followed when a homeless individual leaves the shelter. When a homeless person leaves the facility, the reason for leaving the shelter is indicated on the individual's personal file. Thus, when a homeless person leaves without a

reunification or reintegration plan, it is recorded and a detailed process report of the client's stay at the shelter is completed. A monitoring and evaluation system that is maintained and updated regularly, is in place at shelters. The goal of this system is to measure the outcomes of the programmes implemented in the lives of the adult homeless individuals (Department of Social Development, 2015).

3.3.2 Meso-level service rendering

The mesosystem is described as a more generalised system that refers to certain interactional processes between different microsystems (Bronfenbrenner, 1979). The different links between the microsystems could be described as the mesosystem. When the links between the microsystems are strong and diverse, a greater positive influence will be made on the developing individual. This means that certain experiences that one has had with a specific microsystem in one's life may influence the way that person reacts towards another microsystem later in life. For example, the homeless individual's relationship with a spouse, children, friends, or other family members could directly influence new relationships that are formed on the streets or at organisations rendering services to adult homeless individuals.

The relationship with family members, friends, other homeless individuals met on the streets, and service providers working directly with homeless individuals, are different microsystems. Often these systems are not linked to each other. The family of the homeless person will not, for example, be linked to the other homeless individuals on the street other than their own family member. Homeless individuals also rarely have contact or ties with their family and friends from before they were homeless.

When homeless individuals obtain services from shelters there is a strong emphasis on stimulating contact with friends and family. Because of the lack of contact with friends and relatives, the reintegration and reunification programmes that are offered are part of the mesosystem. Within this context the service providers will try to reunify and reintegrate the homeless individual successfully into his or her environment by improving and re-establishing relationships, whilst trying to mediate between the different microsystems (Parker, 2011).

3.3.2.1 Reunification services

Shinn, Gibbons-Benton and Brown (2015) mention that reunification services should be provided to homeless individuals, seeing as poverty and homelessness often lead to the break-up of families. They identified that in policies more attention should be given to the preservation of families. In South Africa, shelters for homeless people render key social work services aimed at reunifying homeless individuals with their families. The Western Cape Provincial Government for instance, allocated R16 million towards sustained family reunification services. The funds are available to all social work organisations that coordinate and manage reunification between clients and family members. The role of the social worker at the shelter is to make contact and meet with the family members of the homeless individuals. During these meetings or contact sessions the social worker must gather further information on homeless individuals, their family set up, and circumstances. The aim is to develop and ensure regular contact between homeless individuals and their friends and family members if possible (Department of Social Development, 2015).

To further improve contact with family, the Norms and Standards for Shelters for Adult Homeless Individuals (Department of Social Development, 2015) indicates that family and community members are often invited to group work sessions with homeless clients as part of the intervention process. The aim of these group work sessions with family members is to reunify the homeless individuals with the family members, as well as to strengthen their relationship. During these group work sessions both family members and homeless individuals are given opportunities to talk about their fears and worries regarding the reunification process. Social workers will also provide counselling services to homeless adults to ensure that they are ready and equipped for life off the streets, as well as to improve the success of reunification services.

3.3.2.2 Reintegration services

In the case where a homeless individual cannot be reunified, reintegration services should be provided. Reintegration is when an adult homeless individual gets reintegrated into society or the community after being absent from this community for some time. Reintegration occurs when a homeless individual does not reunify with family members, but still reintegrates into the community without being dependent on family members for emotional or financial support. Reintegration form part of the meso-level service rendering process, seeing as different

microsystems are usually involved in the process of reintegration such as social workers, community members, friends and/or acquaintances (Bronfenbrenner, 1979).

In a study completed in nine different countries across Europe, Gaboardi et al. (2019) found that homeless service providers stated that a goal is to integrate their service users into their societies. Homeless individuals should feel like citizens again, whilst receiving the necessary social support from homeless service providers. Service users should be able to live independently in their own accommodation, and in their own societies. According to the authors, social integration should entail reactivating formal and informal social networks prior to the individual becoming homeless.

In South Africa reintegration services and support is also provided to homeless individuals by homeless service providers. The social worker should support and empower the homeless individual during the reintegration process, through providing counselling services, as well as helping with day-to-day administrative tasks such as budgeting, planning and/or finding a place to rent (Department of Social Development, 2015).

3.3.3 Macro-level service rendering

Macrosystems such as political, cultural, social, and economic influences on an individual often affect the functioning of the family and individual members (Bronfenbrenner, 1979). The macro-level could be described as the overarching pattern of the exo-, meso- and microsystems but with characteristics of a certain culture or sub-culture (Gauvain & Cole, 1993; Pardeck, 2015). When macro-level service rendering takes place, issues that are experienced within other levels such as the micro-level and the meso-level are addressed. With macro-level service rendering clients are empowered by teaching them new skills, getting them to take part in various programmes, and rendering aftercare services. The following services are rendered at a macro-level: skills development programmes, employment support programmes, and aftercare services.

3.3.3.1 Skills development programmes

It is important to develop homeless individual's skills, as this might ensure that they could find employment at a later stage. Often homeless individuals never acquired certain life skills like managing money, cooking, running a household, and maintaining social networks (Edgar, 2009). It could also be that these life skills were learnt, but then lost due to prolonged periods of homelessness. It has been made clear that skills development is an important service that

should be made available to homeless individuals globally (Bush-Geertsema, 2010; Anderson, 2010).

Prinsloo and Van der Berg (2018) mention that skills development should include acquiring, teaching, and further developing specific skills or skillsets. Skills training should improve the homeless individual's capability, capacity, as well as performance. The authors mention that all organisations should focus on holistic service rendering. The following are examples of what a skills development programme entails, namely, compiling curriculum vitae, literacy classes, tips on how to prepare for a job interview, life skills training, as well as arts and crafts work. When shelters and other NGOs offer homeless individuals these skills training, it ensures a smoother reintegration process into the communities, as well as increasing their independence and self-reliance.

In South Africa, skills development programmes are made available for adult homeless individuals who make use of shelters. Should a shelter not be able to provide these programmes, clients are referred to other service providers. Social workers keep records of all participation and progress of homeless adults in these skills development programmes. The programmes often include the following, life skills coaching, exit plan coaching, healthcare coaching, finance or budgeting coaching, courses on carpentry, auto detail, or vegetable gardening, as well as support groups such as Narcotics Anonymous or Alcoholic Anonymous (Department of Social Development, 2015). These macro-level programmes where skills are acquired enable adult homeless individuals to reunify or reintegrate into the community (meso-level) and to build relationships with family members, friends, and other acquaintances (micro-level). It is important that these programmes are holistic to ensure that different skills are learnt.

3.3.3.2 Employment support programmes

As part of macro-level service rendering employment support programmes should be provided by social workers at night shelters for adult homeless individuals. These programmes often help an individual feel empowered by finding employment and learning new skills for when they are employed (Bronfenbrenner, 1979; Gauvain & Cole, 1993; Pardeck, 2015).

Globally it has been identified that homeless individuals should be offered services to help find employment by service providers (Edgar, 2009; Bush-Geertsema, 2010; Anderson, 2010). Gaboardi et al. (2019) found that an important goal for homeless service providers should be to help homeless individuals look for job opportunities or activities that could help them with a source of income. This will ensure that the homeless people have adequate resources to live

independently, have something to keep them busy with during the day, and be appreciated in their societies again.

In South Africa, the Norms and Standards for Shelters for Adult Homeless Individuals state that a database should be kept and maintained at shelters with possible employment opportunities. The development of job readiness skills should include the compilation of a curriculum vitae, as well as possible job shadowing opportunities in the community. When searching for jobs, homeless individuals should always register as job seekers as this shows commitment. In an effort to support job seekers, weekly or monthly train tickets could also be provided. Different shelters should share employment support systems or ideas amongst each other for optimal service delivery (Department of Social Development, 2015).

From the aforementioned, it is clear that homeless individuals are in need of services on all the levels of the ecological perspective. These services are depicted in Figure 3.3.

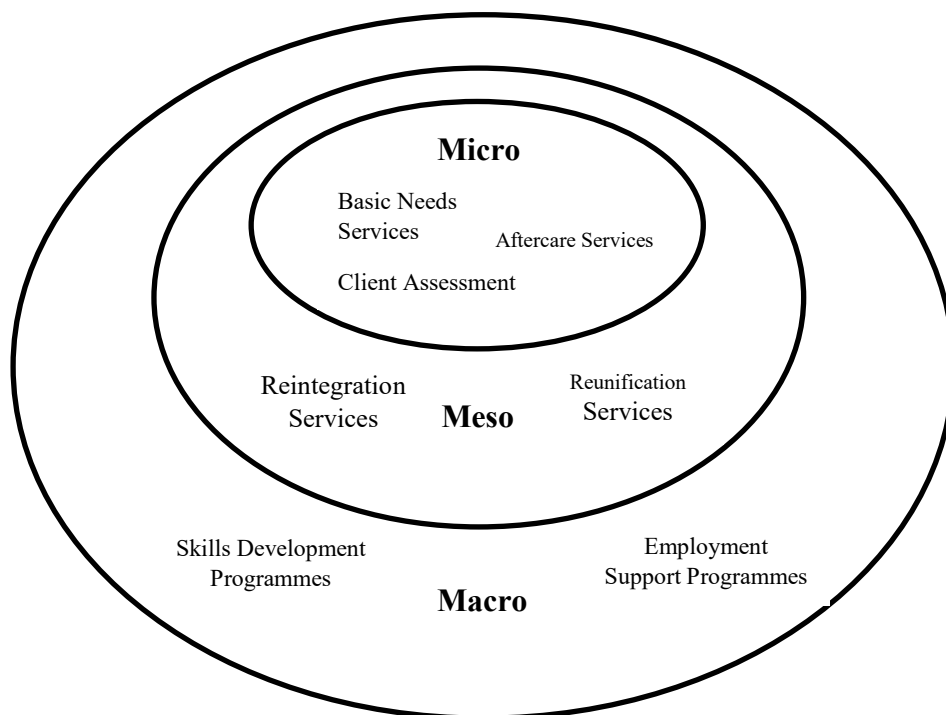


Fig. 3.3: Homeless individual's ecological systems adopted from Bronfenbrenner's ecological model of human development (Bronfenbrenner, 1979).

Figure 3.3 illustrates services that are rendered to adult homeless individuals on the micro-, meso- and macro-level. Figure 3.3 clearly shows that services provided to meet the basic needs of homeless individuals are available on a micro-level. These micro-level services include

providing in the basic needs of homeless individuals, formulating personal development plans for each client who arrives at service organisations, and providing aftercare services to the clients. On a meso-level, reintegration and reunification services are completed. Lastly, on a macro-level, skills development programmes and employment support programmes are made available to help individuals function optimally.

3.4 CHALLENGES FACED BY SOCIAL WORKERS RENDERING SERVICES TO HOMELESS INDIVIDUALS

Social workers globally, and in South Africa experience many challenges when rendering services to client systems. This is also applicable to the delivery of social services to homeless individuals. However, hardly any research is available on challenges that social workers experience while specifically rendering services to homeless individuals in South Africa (EBSCOhost, 2019). There are some general challenges that social workers experience in a global and South African context. These challenges will be discussed in the following paragraphs.

3.4.1 Financial constraints in organisation

Social workers experience financial challenges within the field of social work. Social work, as well as most of the welfare sector, has had to take on and apply the business philosophy of ‘value for money’ and be concerned with ‘bottom line’ budgets to survive (Noble & Irwin, 2009:349). These terms imply that social workers should be more focused on saving money and making sure that organisations have proper budgets set in place, rather than focusing on service rendering. Specific financial challenges such as low salary packages and development and maintenance of programmes will be discussed below.

3.4.1.1 Low salary packages

The welfare sector is struggling to provide their employees with adequate salaries, this could be due to the fact that social work in South Africa is still being treated as a low status profession accompanied by poor salary packages (Patel, Schmid & Hochfield, 2012; Gray & Lombard, 2008). Vetten (2017) adds that the South African government does not pay social workers, counsellors, or home-based care providers a particularly high or even midrange salary despite the fact that these individuals fulfil some of the most important roles in our communities.

It has been identified that the financial input of the Department of Social Development to NGOs for the provision of services does not cover all services. NGOs have to acquire the outstanding

balance for financial needs from businesses, philanthropists, and other donors. Salaries provided by the government have also not kept up with inflation. Donors have moved their attention to lower-income countries, leading to salaries being reduced in size over the last ten years (Vetten, 2017).

Social workers must be able to support their own families, if they cannot this might force them to leave their social work careers or emigrate to other countries to look for better employment opportunities. This sets into motion the issue of social workers not becoming experts in their fields through years of service, as well as many staff vacancies that must be filled constantly.

3.4.1.2 Development and maintenance of programmes

Certain organisational challenges in terms of finance can also be seen in the social work profession. Noble and Irwin (2009) mention that in most Western countries some form of fiscal restraint in spending public money can be seen. This is apparently related to the new economic conservatism. Economic conservatism essentially means that the government will cut funds and spend less money to minimise government debts. It is a political-economic philosophy which advocates for lower taxes, reduced government spending, as well as minimising government debt. Economic conservatism has an impact on the provision of community, welfare, and health services in these countries.

It has been identified that a lack of funds is an organisational challenge faced by social workers in South Africa. This challenge is a serious stumbling block for service rendering in the profession of social work. Organisations have insufficient funds which lead to social workers being unable to initiate, run, and maintain certain intervention programmes. This then would influence service delivery and preventative services offered at organisations (Strydom, 2010; Schenck & Botha, 2014). A Social Work Indaba was held in South Africa in 2015 where it was established that there are constraints with both financing and resources in the social welfare sector. These constraints directly influence the provision of appropriate, adequate, and quality service delivery towards individuals, families and communities in need in South Africa (Department of Social Development, 2015)

When looking at financial issues regarding service delivery at social welfare organisations it was found that within the Department of Social Development's budget, 88% of funds are allocated to social grants with just 10% being allocated to social welfare programmes. Even though the grant system in South Africa is an achievement, the same cannot be reported of the welfare services. The recent budgets of the Department of Social Development for social

welfare services have not been sufficient in addressing years' worth of under-resourcing. These glum conditions within the social welfare sector have definitely had a big influence on the high social worker staff turnovers documented. Few social workers are willing to challenge the department for further financial support for their organisations as they are already dependent on the Department of Social Development for funding, and as they are fearful of losing their source of income and the already limited available resources. The social welfare sector also has a more cooperative and conciliatory nature rather than being confrontational (Vetten, 2017).

The lack of sufficient finances could also influence night shelters. The government does not operate shelters directly. They mostly partner with NGOs to ensure that services are provided through a Transfer Payment Agreement, as well as through lease agreements in terms of the property. This often results in shelters having to find some of their own funding and donations (Department of Social Development, 2015). This is a major issue because with insufficient funds NGOs cannot deliver proper services to service users. Available funds are usually allocated to high-priority issues and not to the day-to-day functioning of organisations and managing NGOs. Because of the extent that social workers struggle to provide proper services when there are organisational challenges regarding finance, financial issues serve as a barrier to service rendering.

3.4.2 Safety of social workers while rendering services

According to the International Association of School of Social Workers (2013), social workers often render services in complex and dynamic social environments with a growing client base. The numbers and variety of individuals, and the different settings in which services are offered, have all played a part in the unpredictable and often risky environments where social workers offer services. Clients have often verbally and physically assaulted social workers either at social work agencies or in the field. Some social workers have even been permanently injured or have died "in the line of duty" (IASSW, 2013:6).

Social workers understand that interactions with client systems are the cornerstones of service delivery and that most client systems do not come across as a threat or pose any danger (IASSW, 2013). According to Whitaker, Weismiller, and Clark (2006) social workers address dangerous clients or circumstances appropriately. Unfortunately, there are certain environments where the risk of violence will always be higher, such as when working in child protection services, mental health facilities, criminal justice systems, or homeless shelters.

In October 2017, the South African Police Service (SAPS) released South Africa's crime statistics. According to these statistics for the period of 1 April 2016 to 31 March 2017 a total number of 19 016 murders, 49 660 rapes, 6 271 sexual assaults, 156 450 common assaults, 53 418 common robberies and 292 689 drug related offences were reported to the police. The SAPS made it clear that these figures could be higher because not all crimes and offences are necessarily reported to the police (Africa Check, 2017).

It has been identified that crime is unavoidable among homeless individuals and when an individual has been homeless for a long period or suffers from mental illness, it is more likely that such an individual will commit crimes (Eberle et al., 2001; Hewitt, 1994). Within a South African context, social workers are aware that they will be providing services in potentially dangerous areas as most shelters are located in lower-income communities where the potential of homelessness is also higher. High crime rates in certain areas could have a direct influence on the safety of social workers while delivering services.

3.4.3 Lack of supervision

A lack of supervision has been identified as a challenge facing social workers. According to Ingram (2013), supervision is a vehicle to address certain issues experienced by social workers, as well as to develop a 'language' to support these feelings experienced. According to the Social Service Professions Act (Republic of South Africa, 1978), supervisors are co-responsible for their supervisees' actions. There are certain challenges that have been identified within supervision offered to social work practitioners.

It is suggested that social workers should regularly engage in reflection regarding their practice. This should include reflecting on feelings and emotions. There are many different platforms where the emotional content of social work can be expressed such as reports, contracts, assessments, multidisciplinary networks, and interactions with service users. An important key support system for social workers should be supervision, where opportunity is given to the practitioner to discuss their practice with another senior colleague. This should help the practitioner explore certain functional aspects as well as critically reflect on the content of their practice (Ingram, 2013; Munro, 2011).

In a South African study Engelbrecht (2010) found that social work supervisors clearly stated that offering supervision to social workers felt like just one of their responsibilities at work. In return the social workers stated that they see their supervisors as a part of the management hierarchy. Further research revealed that social workers were receiving poor quality individual

supervision, which happens less frequently and that could thus be described as “on the run” supervision. Time constraints and supervisors who are not trained well are reasons for the current harmful supervision practises and result in supervision no longer reaching its intended functions (Chibaya, 2018; Wynne, 2020).

The abovementioned challenges could have an impact on service delivery because social workers might not feel emotionally supported in their work environment. A worker could thus end up with built-up stress, negative emotions and energy towards certain situations and client systems. This would have a direct influence on service rendering. In working with homeless individuals, social workers who experience a lack of supervision could feel left in the dark and uncertain regarding steps that should be taken during the service rendering process towards homeless individuals in shelters. When proper support is provided to social workers, it creates a positive work environment where workers might thrive.

3.4.4 Lack of resources

It has been found that social workers in South Africa face many challenges in the working environment in that there is a lack of resources available to render effective services in their communities. This is especially true in the more rural areas of South Africa. The following resources were identified as insufficient in the working environment of social workers: offices and office space, office equipment, vehicles (or suitable vehicles in rural areas), and funds for projects. This lack of resources results in organisations not being able to meet the needs of their clients (Alpaslan & Schenck, 2012; Strydom, 2010). As seen in Chapter 2, a homeless individual has many needs that have to be met. When looking at the lack of resources available in social work organisations, social workers rendering services in the homeless sector could also struggle with this challenge.

3.4.5 Shortage of social workers

There is an extreme shortage of social workers within the South African context (Schmid, 2012; Calitz, Roux & Strydom, 2014). Social workers fulfil a crucial role in the government’s efforts to offer social welfare services in South Africa. The authors state that this shortage has affected the functioning of many social welfare organisations within South Africa and that it contributes to the high caseloads experienced by social workers.

In June 2013 there were only 16 164 registered social workers in South Africa, instead of the required 68 498. This indicates a shortfall of 77%. The shortage must have a negative effect on the implementation of pivotal welfare and social legislation (Waters, 2013). In 2015 the

Department of Social Development hosted a Social Work Indaba with the aim to revitalise social work in South Africa. The Indaba identified a number of challenges social workers face when rendering services to their client systems, amongst others little resources, high caseloads, and shortage of qualified social workers. It was found that in order to enhance service delivery, organisations should be reviewed and enhanced in terms of their structure. It was suggested that the profession should be marketed vigorously within all communities as this could raise awareness and help ensure that more individuals want to pursue the profession of social work (Department of Social Development, 2015).

In 2019 the Minister of Social Development, Lindiwe Zulu, made a statement about the shortage of social workers employed by the government in South Africa. The Minister of Social Development addressed the country on the way forward. It was made clear that attention should be given to the shortage of social workers by ensuring that more social workers are employed (South African Government, 2019). It has already been established that most organisations working with homeless individuals are subsidised with government funding, therefore the shortage of government-employed social workers could have a direct influence on homeless organisations, as it is very possible that there would then also be a shortage of social workers in homeless organisations, such as night shelters.

In May 2020, the Minister of Social Development stated that an additional 1 809 social workers would be employed across South Africa during the Covid-19 pandemic (Mitchley, 2020). These social workers would offer a wide range of services, including psychosocial support for individuals and families affected by the virus over the period of three months from June to August. It was not specified whether these social workers will be employed at night shelters or organisations rendering services to the homeless during this time.

3.4.6 Globalisation

Social work practice has on various levels been influenced by globalisation. These influences include the changing of service delivery, the altering of the labour process for professional social workers, the creation of new social problems that need to be addressed, and emphasising industrial-capitalist growth while initiating a series of financial, political, environmental, and demographic crises (Dominelli, 2010; Giddens, 2009).

Dominelli (2010) further states that globalisation has a noteworthy impact on social work practice specifically, seeing that it affected the profession in a number of ways. Social workers feel disempowered as access to resources is restricted. There has been a shift in focus from

quality service delivery to quantity service delivery with efficiency measures and performance indicators being implemented to ensure that limited resources are used for the maximum number of clients when rendering services. The focus is thus shifting away from building a relationship with the client, to offering services where the intervention is described as detached and reserved. Thus, it could be said that the client is merely a consumer of a certain product or service that is being delivered, as there is no focus on the quality of that service (Dominelli, 2010).

Globalisation alongside ‘the new managerialist practices’ has also challenged social workers in certain areas of service delivery. This includes increasing numbers of low-income households, multidimensional client issues, becoming deskilled professionals, and shifting attention away from the quality of service rendering to the quantity thereof. Social workers are also forced to become familiar with terms such as ‘business plans’, ‘targets’, ‘value for money’, ‘outputs’ and ‘performance management’ (Dominelli, 2010).

Homelessness is a social issue that gets addressed by social workers worldwide. Homelessness is associated with many other issues such as health issues, unfavourable social conditions, as well as adverse economic circumstances (Stafford & Wood, 2017). Thus, special attention, proper social support, and counselling services are necessary when working with a vagrant or homeless individual. Unfortunately, these aspects are not promoted with the new globalisation aspects being incorporated into service delivery for social workers (Giddens, 2009; Dominelli, 2010; Unison, 2009; Stafford & Wood, 2017). In this case, quality over quantity would offer a longer lasting and more effective solution to the social issues South Africa is currently facing.

3.5 CONCLUSION

In this chapter the services rendered by social work professionals to homeless individuals living on the streets in South Africa were discussed within the framework of the ecological perspective. As was seen in Chapter 2, South Africa has policy and legislation in place that stipulate that social workers should provide intervention services to homeless individuals. However, it can be seen through the discussion in this chapter that there are many challenges facing social workers when rendering services. Even though there is no literature available in a South African context that highlights the challenges faced by social workers working specifically with homeless individuals, challenges experienced in other fields of social work in the South African context were identified. In the next chapter the findings of an empirical investigation regarding the challenges that social workers face when rendering services to adult

homeless individuals in a South African context, will be analysed and discussed according to identified themes.

CHAPTER FOUR: CHALLENGES EXPERIENCED BY SOCIAL WORKERS RENDERING SERVICES TO ADULT HOMELESS INDIVIDUALS

4.1 INTRODUCTION

This chapter is related to the third objective of the study which is to empirically investigate the challenges experienced by social workers when rendering services to adult homeless individuals. In the introductory chapter a brief literature background was given regarding homelessness as a social issue, challenges experienced by homeless individuals, the effects of homelessness, and policy directives related to homelessness. Chapter 2 then added to the background of this study by providing a discussion on homelessness in developing and developed countries. It was observed in Chapter 2 that more literature, legislation and policies are needed on homelessness within a South African context. In Chapter 3 the services rendered to homeless individuals by social workers within an ecological perspective were explained. The literature revealed that social workers working in South Africa face a variety of challenges on a day-to-day basis when rendering services to their clients. This chapter presents the findings on the challenges experienced by social workers when rendering services to adult homeless individuals. The findings of this empirical research will be presented in the form of themes, subthemes, and categories.

4.2 RESEARCH METHODOLOGY

The empirical investigation was conducted according to the guidelines set out in Chapter 1 of this research. This section will give attention to the research approach, research design, sampling methods, data collection, and data analysis that were utilised in the study.

4.2.1 Research Approach

A qualitative research approach was utilised in this study. When applying this approach, the researcher can formulate theoretically richer observations, because the deeper meaning of specific human experiences can be tapped into. Qualitative research approach is flexible, given that it allows the process to evolve as more information is gathered and observations are made (Rubin & Babbie, 2014). De Vos et al. (2011) state that a qualitative research approach could motivate a participant's account of experience, perceptions, and meaning. This approach was thus selected because the research study sought to find out and understand the challenges social workers experience when rendering services to adult homeless individuals. By utilising this approach, the researcher ensured in-depth descriptions by the participants regarding their

challenges experienced on a day-to-day basis when rendering services to adult homeless individuals.

4.2.2 Research Design

An exploratory and descriptive research design was selected for this study. An exploratory design is necessary when a researcher is breaking new ground in an identified field. When this design was applied it allowed new insights into the topic being researched (Rubin & Babbie, 2014). A descriptive research design was also applied in combination with the exploratory design during the research process. De Vos et al. (2011) mentioned that a descriptive research design emphasises an in-depth description of a particular issue through gathering information about it.

For this study, both the exploratory and descriptive designs were used to gather as much information as possible from the social workers rendering services to adult homeless individuals. These designs were also utilised in order to probe for in-depth information due to the fact that the variables of challenges experienced by social workers rendering services to adult homeless individuals, have not been researched within a South African context. This resulted in rich, thick, and descriptive narratives regarding the challenges experienced by social workers rendering services to adult homeless individuals, from the participants who took part in this study.

4.2.3 Sampling Methods

For the purpose of this study a snowball sampling method was utilised. This method of sampling was deemed appropriate, as the researcher was unsure where to locate social workers rendering services to adult homeless individuals. The researcher implemented this form of sampling by contacting the supervisor of a homeless organisation that has multiple branches across the Western Cape. The supervisor gave permission to contact all the social workers employed at this particular organisation in order to set up interviews with the social workers who were willing to take part in the study. The social workers who agreed to be interviewed from the first organisation, referred the researcher to other independent social workers outside of this particular organisation. The researcher interviewed social workers at nine different organisations rendering services to adult homeless individuals. It was difficult to recruit participants, as it took some time to get into contact with all the volunteering participants. The participants also had very busy schedules, so it was difficult to set up interview dates and times

that suited both the researcher and the participants. Towards the end of the research process the participants started referring the researcher to organisations that had already been visited.

The sample for the study consisted of 18 participants. All 18 participants for this study were contacted either via telephone or e-mail, or both. Participants were briefed regarding the purpose, benefits, confidentiality, and potential risks of the research study. It was made clear before the interview that the research was being completed in an attempt to understand the challenges they face on a daily basis. It was also explained that participants may refuse to answer any question posed to them, as well as withdraw from the research study at any stage. Each participant signed an informed consent form before the interview took place to ensure they understood and agreed with the process. The informed consent form is attached as Annexure 1. The duration of the interviews ranged between 30 and 60 minutes.

Ritchie, Lewis, and Elam (2003) mentioned that generally qualitative samples are small, given that there is a point of diminishing return. This means that as one's study progresses, gaining more data does not necessarily lead to new information. The sample size of 18 participants was thus regarded as sufficient. As data saturation was also reached within this sample size, the researcher could identify that the narratives from the various participants became repetitive after interview 14, as no new information was being added. Data saturation is reached when there is enough information to replicate the study, obtaining new information has been attained, and further coding is no longer probable (O'Reilly & Parker, 2012; Walker, 2012; Guest, Bunce & Johnson, 2006).

4.2.4 Data Collection

A semi-structured interview schedule was utilised whilst collecting data. Semi-structured interviews allow for rich data, as answers provided allow for thick, descriptive accounts from the respective participants. De Vos et al. (2011) state that semi-structured interviews are utilised to obtain a clear picture of the participant's accounts, perceptions, and beliefs on the identified topic. Semi-structured interviews also allow for the interview to be more flexible because the researcher could follow up on certain ideas that emerged during the interview. When one follows up on ideas, a clearer picture could be painted of the topic at hand.

All 18 participants granted permission for the researcher to record the interviews. The researcher had a set of prepared interview questions from which she deviated at certain times, depending on the answers provided by the participants. The semi-structured interview schedule is attached as Annexure 2. Difficulties experienced during the data collection was that some

participants gave very short answers, so the researcher had to probe those participants to get the necessary information to do a good data analysis.

4.2.5 Data Analysis

The qualitative data that was collected during the course of the empirical investigation was coded and analysed to identify specific underlying patterns, through transcribing all 18 interviews. These patterns will be discussed in the results section that follow. The researcher made notes on each interview schedule during interviews and also recorded each interview fully to be able to transcribe the interviews. This enabled the researcher to be able to look at the notes and listen to the recordings when coding and analysing the data. It has been suggested that there are three steps when analysing data: organising and preparing the data for analysis, reading through the collected data, and coding all the data (Cresswell, 2014).

After the interviews were transcribed the researcher read through the data. This allowed the researcher to reflect on the overall meaning of the data collected. While reading through the data the researcher made notes in the margins of the transcripts. Lastly, the data was coded. The researcher identified segments from the text to represent a category. At this point the researcher could start identifying themes, subthemes, and categories.

4.3 RESULTS OF THE RESEARCH

The results of the research are presented according to themes, subthemes, and relating categories.

4.3.1 Profile of participants

The profiling of the participants who took part in the study were done in terms of the following: type of organisation, position at the organisation, number of years practicing social work, number of years working with adult homeless individuals, as well as definition of homelessness utilised at the organisation.

Table 4.3.1 Profile of participants

Participant	Type of Organisation	Position at Organisation	Number of Years Practicing Social Work	Number of Years Working with Adult Homeless Individuals
Participant 1 (P1)	NGO	Social Worker	3 years	4 months
Participant 2 (P2)	NPO	Social Worker and Manager	3 years	3 years
Participant 3 (P3)	NPO	Social Worker and Manager	4 years	3 years
Participant 4 (P4)	NGO	Social Worker	2 years	2 years
Participant 5 (P5)	NGO	Social Worker	3 years	1 year
Participant 6 (P6)	NGO	Social Worker and Manager	4 years	4 years
Participant 7 (P7)	NGO	Social Worker	5 years	1 year
Participant 8 (P8)	NGO	Social Worker	5 years	1 year
Participant 9 (P9)	NGO	Social Work Supervisor	15 years	2 years
Participant 10 (P10)	NGO	Social Worker	12 years	7 years
Participant 11 (P11)	NGO	Social Worker	33 years	9 years
Participant 12 (P12)	NGO	Social Worker and Manager	24 years	12 years
Participant 13 (P13)	NGO	Social Worker	33 years	22 years
Participant 14 (P14)	NPO	Social Worker	1 year	4 months
Participant 15 (P15)	NPO	Social Worker	8 years	5 years
Participant 16 (P16)	NGO	Social Worker and Manager	19 years	19 years
Participant 17 (P17)	NGO	Social Worker	20 years	6 years
Participant 18 (P18)	NGO	Social Worker	45 years	5 years

The table shows that the majority of participants who took part in the research study worked for a Non-Government Organisation (NGO) while the minority of the participants worked at a Non-Profit Organisation (NPO). It could thus be seen that most organisations rendering services to adult homeless individuals are registered as NGOs or NPOs. There were no government run organisations rendering services to adult homeless individuals identified within this group of participants.

All participants indicated that they were social workers working at organisations rendering services to adult homeless individuals. Five of the participants indicated that beside their roles as social workers, they were also appointed as managers at their designated welfare organisations. The majority of the participants were working at night shelters, whilst the minority were employed by other NGOs and NPOs not registered as night shelters but rendering services to adult homeless individuals. This occurrence could be due to the snowball sampling method utilised in the research study given that most participants referred the researcher to other night shelters. The participants ranged between social workers to social work managers and one social work supervisor. The diversity amongst the participants contributed to the different views obtained, as the participants involved in different levels of service rendering were included.

It was seen that participants' years of experience ranged between 1 to 45 years. A number of participants were fairly new to the social work field because they have been in practice for five years or less, while a minority has been working for more than 30 years. Table 4.3.1 shows that the majority of participants have between one to five years of experience in rendering services to adult homeless individuals. Whilst most participants had below six years' experience as service providers for homeless individuals, the minority of participants had more than six years' experience rendering services to adult homeless individuals.

4.3.2 Results of the study

A total of nine themes, related subthemes, and categories were identified from the findings. The researcher did not make use of categories under each subtheme, especially in the cases where the identified theme was deemed descriptive and exhaustive when analysing the participants' narratives. In table 4.3.2 all the identified themes, with their related subthemes, and respective categories have been summarised.

Table 4.3.2 Results of the study

Theme	Subtheme	Category
1. Definition of homelessness in South Africa	1.1 Person sleeping outside with no family contact	
2. Policies and legislation utilised when rendering services to adult homeless individuals	2.1 Limited policies utilised	2.1.1 Norms and Standards for Shelters for Adult Homeless Individuals
		2.1.2 Street People Policy
	2.2 Different acts utilised during service rendering	2.2.1 Constitution of the Republic of South Africa
		2.2.2 Older Persons Act
		2.2.3 Mental Health Act
		2.2.4 Prevention of and Treatment for Substance Abuse Act
	2.3 Views on sufficiency of policies and legislation formulated	2.3.1 Existing policy and legislation not sufficient
3. Needs experienced by adult homeless individuals	3.1 Basic needs	3.1.1 Food security
		3.1.2 Need for clothing
		3.1.3 Physical and mental healthcare
		3.1.4 Availability of water
	3.2 Safety, security, and housing needs	
	3.3 Love and belonging needs	3.3.1 Support systems
		3.3.2 Identity document
	3.4 Employment needs	
	3.5 Self-actualisation needs	3.5.1 Improvement of life skills
		3.5.2 Family reunification needs
4. Causes of homelessness	4.1 Unemployment	
	4.2 Substance abuse	4.2.1 Alcohol abuse

		4.2.2 Drug abuse
	4.3 Family issues and separation	4.3.1 Issues related to divorce
		4.3.2 Abuse in family
	4.4 Mental health challenges	
	4.5 Previous trauma	
5. Effects of homelessness on the individual	5.1 Feeling of hopelessness	
	5.2 Increased trauma	
	5.3 Substance abuse	
	5.4 Difficulty to fit into society	
	5.5 Mental illness	
	5.6 Criminal activities	
6. Theory utilised when rendering services to adult homeless individuals	6.1 Strengths-based perspective	
	6.2 Ecological perspective	
	6.3 Person-centred approach	
7. Services offered to adult homeless individuals	7.1 Micro-level	7.1.1 Providing basic needs services
		7.1.2 Completing an assessment
		7.1.3 Counselling services
		7.1.4 Aftercare services
	7.2 Meso-level	7.2.1 Reintegration services
		7.2.2 Reunification services
	7.3 Macro-level	7.3.1 Skills development programmes
		7.3.2 Employment support programmes
8. Challenges experienced when rendering services to adult homeless individuals	8.1 Uncooperativeness from clients	8.1.1 Homeless individuals not motivated to receive social services
	8.2 Challenges linked to safety and security issues	8.2.1 Homeless individuals under the influence of substances

		8.2.2 Homeless individuals carrying dangerous weapons
		8.2.3 Homeless individuals with mental instability
	8.3 High caseloads	
	8.4 Insufficient supervision	
	8.5 Insufficient financial support	
	8.6 Lack of resources	
	8.7 Accommodation of transgender clients	
	8.8 Medical diagnosis of mental health patients	
9. Minimisation of challenges experienced by service providers	9.1 Functioning healthcare system	
	9.2 Appoint more personnel	
	9.3 Training for staff members	
	9.4 Orientation for clients	

4.3.2.1 Theme 1: Definition of homelessness in South Africa

In this study the aim is to gain an understanding of the challenges that social workers face while rendering services to adult homeless individuals. The themes that are discussed first in this chapter, provides context for service delivery and services specifically offered to homeless individuals. Thereafter challenges will be discussed.

In this section specific focus was given to the definition of homelessness utilised by the participants that took part in this study. Only one subtheme was identified:

Subtheme 1.1: Person sleeping outside with no family contact

The participants were asked to describe their definition of homelessness is at their organisations. It was important to gain clarity regarding this early on in the process, as the researcher had to determine whether all organisations used the same working definition when rendering services. The participants mainly focused on the fact that it is a person without shelter, sleeping outside, and with a lack of contact with their family members. For example, two participants said:

“...a person who doesn't have a place to stay, someone who is on the streets maybe for some time due to, uh, different circumstances that causes homeless.” - (P8)

“Any person that is literally, physically sleeping outside. Sleeping outside, that is a person that is homeless.” - (P10)

Based on the above narratives, there was a strong focus on the fact that homeless individuals were on the streets with no shelter. Another aspect was that homeless individuals have families, but that they were excluded from their families as observed from the following narratives:

“A homeless adult is a person who has been excluded from the family and the support structure and who is living on the streets.” - (P11)

“In other words, they may have family somewhere, they may have a family home somewhere, but for one reason or another they currently have no shelter.” - (P3)

Although the views of the participants on the definition of homelessness in their organisations corresponded with the definition for homelessness in a South African context, participants stressed that the homeless adults were often without family contact. Homelessness is characterised by poor housing conditions with a lack of physical and emotional wellbeing, stability, warmth, comfort, privacy, security, and identity, as well as a lack of a physical housing structure (Olufemi, 2002; Olufemi, 1997; Cross & Seager, 2010; Tshwane Homelessness Forum, 2015).

4.3.2.2 Theme 2: Policies and legislation utilised when rendering services to adult homeless individuals

In this section specific focus was given to policy and legislation and the utilisation thereof with service rendering to adult homeless individuals. Participants were asked to indicate which policies and legislation they utilised when rendering services to adult individuals. Subthemes and categories that came to the fore are discussed below.

Subtheme: 2.1 Limited policies utilised

The first **subtheme** focused on the policies utilised when rendering services to adult homeless individuals. Two categories were derived from this subtheme.

Category 2.1.1: Norms and Standards for Shelters for Adult Homeless Individuals

Most of the participants mentioned that the *Norms and Standards for Shelters for Adult Homeless Individuals* was utilised during service rendering to adult homeless individuals as observed in the narratives that follow:

“But we have a Norms and Standards document that guides our operations at the organisation.” - (P1)

“We use the Norms and Standards for homeless people.” - (P4)

“We have our own Norms and Standards, as for the homeless, but then you use almost all policies...” - (P18)

The Department of Social Development (DSD) in the Western Cape formulated the *Norms and Standards for Shelters for Homeless Adults* after realising that significant investment was needed in terms of accommodation, as well as social welfare services promoting reintegration and social inclusion. The document is meant to offer guidance to staff at shelters, management of shelters, and NGO community partners when rendering services to adult homeless individuals (Department of Social Development, 2015). The statements of participants that the *Norms and Standards for Shelters for Homeless Adults* guide them when rendering services, correspond with the requirements of this document as it should be guiding the service rendering of individuals working with adult homeless individuals at shelters.

Even the minority of individuals not working specifically at a homeless night shelters stated that they make use of this document in terms of its guidelines and strategies formulated. As the Department of Social Development fund many of these NGOs and NPOs, they should adhere to the norms and standards provided to ensure further funding. This could be why most of the participants referred to this document. A few participants did not indicate that they made use of the *Norms and Standards for Shelters for Homeless Adults* when rendering services to adult homeless individuals. This could be because the organisations they worked at were perhaps not being funded by the Department of Social Development, so they did not have to adhere to the requirements of this document.

Category 2.1.2: Street People Policy

Some of the participants mentioned that the *Street People Policy* was utilised when services are rendered to adult homeless individuals as seen in the narratives that follow:

“Well we have got the Street People Policy; we use and got that one.” - (P2)

“There is the Street People Policy of the Western Cape.” - (P9)

The *Street People Policy, City of Cape Town* was formulated in 2013. The *Street People Policy* clarifies the roles of the different stakeholders when working with the homeless and provides information regarding reunification and reintegration processes. Many participants did not refer to the *Street People Policy* at all. This could be because the policy document is specifically formulated for the City of Cape Town and the researcher included participants from different areas in the Western Cape that do not fall in the municipal area of the City of Cape Town, including Stellenbosch, Paarl, and Malmesbury. The *Street People Policy* has been formulated in such a manner that it could offer guidance on service rendering and support for all staff members at shelters and other organisations working with the homeless in the Western Cape. One participant indicated that the *Street People Policy* identifies homeless individuals as a specifically vulnerable group as seen in the narrative below:

“...the City of Cape Town also has a policy on street people which recognise them as a vulnerable group.” - (P3)

Even though this policy identified homeless people as being specifically vulnerable there are no other policies focusing primarily on homeless individuals in the Western Cape.

Subtheme 2.2: Different acts utilised during service rendering

The second **subtheme** focused on the different acts that is utilised by social workers when rendering services to adult homeless individuals. The first **category** identified was the Constitution of the Republic of South Africa.

Category 2.2.1: Constitution of the Republic of South Africa

Most of the participants mentioned that the Constitution of the Republic of South Africa is utilised when rendering services to adult homeless individuals. Specific mention to the Bill of Rights (Chapter 2) was frequently made by the participants. The following narratives support this finding:

“...but we do mostly refer to the Constitution in section 9 with human dignity and all those things.” - (P1)

“Obviously, it’s the Bill of Rights...” - (P7)

“So we will basically look into the Bill of Rights that we do everything according to that, and then uhm the Constitution of South Africa.” - (P12)

The Bill of Rights of the South African Constitution is seen as the cornerstone for all other policies and legislation within a South African context (Lombard, 2008; Currie & De Waal, 2013). It is clear that the Constitution of the Republic of South Africa, especially the Bill of Rights, plays a considerable role in service rendering, seeing that the majority of the participants immediately spoke about the Bill of Rights in the Constitution and referred to human dignity that must be kept in mind when rendering services to adult homeless individuals. The Constitution of the Republic of South Africa ensures that political and civil rights are granted to all citizens in South Africa, without being specific to a certain race or group of individuals. As part of the Constitution of the Republic of South Africa, the Bill of Rights was also enacted to safeguard human rights of all, with the goal to end centuries of maltreatment of people of colour (Republic of South Africa, 1996). The study found that participants do refer to the Constitution during service rendering, as well as when protecting the rights of homeless people.

Category 2.2.2: Older Persons Act 13 of 2006

Some of the participants mentioned that they make use of the Older Persons Act 13 of 2006, as some of the clients are elderly. See the narratives supporting this finding below.

“Obviously, it’s the Bill of Rights, the Older Persons Act, for the elderly...” - (P7)

“Uhm the Older People’s Act, because I work with the Older People’s Act.” - (P8)

“We also draw from the Substance Abuse Act, the Elderly Act, the Mental Health Act.” - (P9)

The Older Persons Act (Republic of South Africa, 2006) was established to effectively deal with the predicament of older individuals within South Africa. The Older Persons Act created a framework wherein the elderly are empowered and protected. This Act specifically promotes and maintains the status, rights, wellbeing, safety, and security of the elderly. Given that homeless individuals could also be elderly, social workers rendering services make use of this Act. Older persons are defined in South Africa as 60 years and above for females and 65 years and above for males (Republic of South Africa, 2006). The participants stated that they make use of this Act because they had elderly individuals living at their shelters. Often these individuals had lost all hope of being reunited with their family, and relied solely on the Old Age Grant provided by the government.

Category 2.2.3: Mental Health Care Act 17 of 2002

Some of the participants mentioned that they make use of the Mental Health Care Act 17 of 2002. Other participants also stated that they rendered services to mental healthcare patients but did not make specific reference to Act. Participants indicated:

“Obviously, you look at the Mental Health Care Act...” - (P17)

“...because as for me I work with all adults so there um, there are acts that I actually work with, for example Mental Health Act because I work with the Mental Health people.” - (P8)

As seen through the narratives provided, the participants utilised the Mental Health Care Act, given that they also worked with individuals who had mental illnesses. It seems as if in some cases the participants were dealing with mental health disorders in many clients, as one participant mentioned:

“The Mental Health Act says that we are only allowed to have five mental health patients. Anything more than that, we need to register with the Department of Health. I always joke that in that case, you can close us because we have more than five. Within the staff there are more than five. At any given time, we have 20 to 30 people with mental health disorders, with physical, emotional and intellectual disorders and we cannot point them away because that it is putting the most vulnerable back on the street. So there is no specific policy that governs how we deal with those people. This is a big problem for us.” – (P9)

From the above narrative it is evident that a number of clients at organisations rendering services to homeless individuals suffered from mental illness. The Mental Health Act was formulated to provide for the care, treatment, and rehabilitation of individuals who have a mental illness (Republic of South Africa, 2002). In this act it states that an organisation is only allowed to have five registered patients or clients with mental illnesses before the organisation needs to register at the Department of Health to obtain the necessary help and support from healthcare practitioners. This could be worrisome as this participant indicated that most of the organisations were rendering services to more than five clients suffering from mental illness, thus they should be registered as a mental health organisation according to the Mental Health Care Act. This would ensure that they have the necessary staff employed to help offer services to these individuals with mental illnesses.

Category 2.2.4: Prevention of and Treatment for Substance Abuse Act 70 of 2008

Only participant 9 referred to the Prevention of and Treatment for Substance Abuse Act 70 of 2008 by saying:

“We also draw from the Substance Abuse Act, the Elderly Act, the Mental Health Act. This is because the people whom we serve fall in those categories. Though we are not guided by the specific act, we do draw on some of the principles from it.” – (P9)

In Chapter 2 it was identified that substance abuse could influence an individual’s vulnerability towards becoming homeless and be an effect of homelessness. Even though substance abuse plays such a big role in the social phenomenon of homelessness, many participants did not refer to this act. This could be because the researcher did not ask directly about this act. The Prevention of and Treatment for Substance Abuse Act 70 of 2008 was formulated to try and combat the social issue of substance abuse amongst South African citizens. This act also gives attention to guidelines related to intervention, treatment, and re-integration of individuals who abuse substances on a regular basis (Republic of South Africa, 2008).

Subtheme 2.3: Views on sufficiency of policies and legislation formulated

The third **subtheme** focused on the number of policies and legislation formulated to protect the rights of homeless individuals and to ensure effective service delivery. One category came to the fore:

Category 2.3.1: Existing policy and legislation not sufficient

The participants were asked about their views on the number of policies and legislation formulated in South Africa to protect the rights of homeless individuals and to ensure effective service delivery. Most of the participants stated that there were insufficient policies and legislation in South Africa to protect the rights of adult homeless individuals and ensure effective service delivery as seen in narratives below:

“No. This is because the homeless is such a wide area and a lot of the policies that are in place is really not valid for residential facilities.” – (P9)

“In all honesty no. I feel like on paper, what the government says they want to do looks good. In practice what they actually do uhm, it doesn’t really work.” – (14)

The participants felt that there were insufficient policies and legislation for the homeless sector and service providers working in this sector. Many of the organisations were night shelters where their clients resided overnight. The formulated policies and legislation did not consider that clients stayed overnight at many of these organisations. Participant 14 stated that the policies and legislation in place were not working well in practice. Overall, most of the participants indicated that existing policies and legislation needed revision and that there was

a need for revised policy and legislation focusing specifically on adult homeless individuals. The narratives are stated below:

“I think the, the Norms and Standards is enough, but they need to revise it, because people change. Things change all the time. They can’t get stuck onto one thing, and we need to work on this one thing for years and years. There is some changes that I think they can do.” - (P10)

“Hmmm, the policies are there but it, there, there is a gap. They are there but the, for example, like a Mental Health Act but they don’t have resources, they just assist things but there are no resources.” – (P8)

“Ja, definitely! Like more and more guidelines as to what can be done and who can we approach. You know, it’s like so vast at this point in time...But when it comes to the nitty-gritty, there’s a lot of gaps to be filled.” - (P4)

The fact that participants indicated that there were not enough policies and legislation available to guide service rendering and protect the rights of adult homeless individuals is interesting, as in Chapter 2 when discussing policies and legislation related to homelessness a clear lack in sufficient policies and legislation available were also identified. Only one policy gives specific attention to people living on the streets. In all the other policies and legislation mentioned by the participants, homeless individuals were just linked to them as general citizens of South Africa.

4.3.2.3 Theme 3: Needs experienced by adult homeless individuals

In this section needs experienced by adult homeless individuals as indicated by the participants, were explored. It is important to determine the needs of homeless individuals to identify the possible services that should be rendered. The participants were asked to indicate the specific needs experienced by their clients. The subthemes and categories are discussed below.

Subtheme 3.1: Basic needs

Most participants made reference to certain basic needs when asked what the needs of homeless individuals are. The following categories could be identified:

Category 3.1.1 Food security

Food security is a need that homeless individuals experienced when coming to organisations. This view is supported by the following narratives:

“And also, there are the basic things like the facilities that they can make use of: clean themselves, food, that is all only short-term needs.” – (P15)

“Most of the cases it’s food, clothing uh, shower, toiletries uh, ID documents.” – (P16)

“I would say there’s different kinds of needs. Physically there are things that you can offer them like, clothing and food, a place to sleep uhm...” – (P12)

The finding that food security is an important need for homeless individuals is confirmed in literature. In their study Lee and Greif (2008) also found that homeless individuals are specifically vulnerable towards hunger. Chakona and Shackleton (2017) stated that the majority of South African households experience food insecurity on a daily basis.

Category 3.1.2: Need for clothing

Another category that was mentioned by many participants was that clothing is an immediate need for homeless individuals. Narratives of participants are:

“They are immediately looking for a bed, a place to sleep, and food, and a set of clean clothes and toiletries. That is their immediate need.” – (P18)

“They need clothes obviously we provide them with their toiletries which is a need also and their bedding and everything.” – (P7)

“We are dealing with very basic needs. So, the kind of needs we are dealing with are their hunger, the need for clothing, the need for hygiene, we have got laundry facilities, and it is all basic things that they cannot access on the street.” – (P2)

The finding that homeless individuals have a need for clothing is confirmed in literature. In Gaboardi et al. (2019) study regarding services offered to homeless individuals, it was stated that clothing is a basic need for homeless individuals.

Category 3.1.3: Physical and mental healthcare

Physical and mental healthcare needs were identified by the participants. Tulchinsky and Varavikova (2014) also stated that healthcare needs should be seen as part of the homeless individual’s physiological needs. This is due to the fact that if homeless individuals do not give attention to their healthcare needs they could die because of certain diseases contracted on the street. The following narratives support this finding:

“And then you get the ones that found out they have a chronic disease and they only need the shelter to get stable meals for their medication to work.” – (P10)

“And the others are just physical health itself, apart from mental health, physical health.” – (P11)

It can be seen from the narratives provided above that healthcare needs include physical and mental healthcare needs. With regard to physical healthcare needs, it can be seen that homeless individuals with chronic diseases utilise the shelters to get access to meals to be able to take their medication. One participant referred to the fact that they were not a bed and breakfast and that the staff wanted to help the clients on all levels.

“If you don’t want social services, you don’t have to be here. Like we are not a bed and breakfast, we want to help you. You can see it on our organisation vision, we want to make sure that everybody has a home...” – (P1)

This participant referred to the fact that homeless individuals are not always interested in social services, but rather in obtaining basic needs services, such as food and shelter. Night shelters however are not organisations that only provide basic needs. They are registered welfare organisations that must provide other services as well, such as counselling. As these organisations are subsidised by the Department of Social Development, there are certain targets they need to reach, that is why services are rendered to get people off the streets and reunified with family or reintegrated into the community. It is clear that it could be a challenge to motivate clients to take part in the welfare services as well and not just utilise the shelter to obtain certain basic needs services.

Shelters are in some instances also utilised to get a referral to other types of services. One participant stated that the adult homeless individuals sometimes also have a specific need to go to the clinics and receive the necessary services from there.

“And then you have your health needs, or your mental health needs where they have to attend uhm, it’s part of the physical, but uhm to also go to clinics and get the services that they need from them...” – (P12)

From the above narratives it is clear that although homeless individuals have the need for healthcare and food, they are often not interested in becoming involved in social work services at these shelters. It is seen that they are using the shelters to fulfil their basic needs only. According to Maslow (1954) once the first level of needs have been met, one should start moving towards the next level to better oneself. However, homeless individuals sometimes get stuck on the most basic level of satisfying their needs, hence they are not interested in the social services available to them at the night shelters. This could be due to homeless individuals experiencing a sense of hopelessness. These individuals have often given up on life, and they

do not believe that their circumstances will change. During the Coronavirus pandemic (Covid-19) it was very important that homeless individuals received the necessary healthcare treatment since they were particularly vulnerable towards the disease (Tsai & Wilson, 2020).

Category 3.1.4: Availability of water

Only a few participants referred to the need or availability of water, stating that it has become increasingly difficult for homeless individuals to access clean running water. A participant indicated:

“There is a big problem in Cape Town. After the big scare that we are not going to have enough water, a lot of tap heads were removed and a lot public bathrooms were closed. The ones that were accessible to the homeless. So, there is nowhere on the streets of Cape Town where a homeless person can walk to a tap, open it and get running water.” – (P9)

The fact that access to water was problematic in this study group was because public bathroom facilities were locked in the Cape Town area during the water crisis. Although the homeless individual could perhaps access drinking water, they could not access water for cleaning themselves if they were not staying at a night shelter. Another participant said:

“Okay, maybe water to bath they can’t get it but water to drink they can get it.” – (P8)

The finding that access to water was a need in this study group is interesting, because little attention is given to literature regarding the need for water for adult homeless individuals. More attention is given to the need for ablution facilities, which includes water. Walters (2014) found that a homeless individual’s right to water is often not adequately addressed in policies. This view was confirmed in this study as the decision of policy makers to close public bathrooms and remove water taps during the water crisis in Cape Town did not take homeless people into consideration, despite the declaration in the Constitution of South Africa that all individuals have the right to sufficient water.

Subtheme 3.2: Safety, security and housing needs

Participants identified the need for safety, security, and housing needs. Most participants mentioned a safe and secure place to sleep with a roof over their heads when asked about the needs experienced by their clients. Following is what some of the participants said:

“...shelter, warmth and sometimes in Cape Town they need “cold”. They need something that protects them against the weather, as well, a sense of security.” – (P9)

“I would say there’s different kinds of needs. Physically there are things that you can offer them like, clothing and food, a place to sleep uhm...” – (P12)

“A stable place, a safe space, obviously a roof over their head...” – (P17)

Given that most participants made reference to the need to have a safe, warm, stable, and secure place to sleep, it could be argued that this is an important need for adult homeless individuals. Maslow (1954) identified that the second level of needs are safety and security needs, meaning that all individuals have the need to feel safe and secure within their environment. For a homeless person safety and security needs would include having a roof over their head and a safe place to sleep. However, one of the participants indicated that shelters should not be seen as a solution for the homelessness, as it is only a temporary solution. The participant indicated:

“And I also don’t think the shelter is the answer for the homelessness in South Africa. Because the shelter is a temporary place, is like a safe place. For instance now in winter the safe houses, safe houses, safe space, it’s only for the night. And like I said like in our shelters that are subsidised by social development, it is only for six months.” – (P15)

Although the shelters fulfil in the need for safety and security, it is a temporary solution as all shelters that are funded by the Department of Social Development, can only accommodate a homeless individual for up to six months (Department of Social Development, 2015). If the six months period is exceeded, a motivational letter should be provided to motivate the reason why an individual is staying for longer than six months. Thus, the housing or shelter solutions offered to them at the organisations are all short-term solutions to their housing needs. Manomano et al. (2016) found that there are many housing issues amongst the poor and needy in South Africa.

Subtheme 3.3: Love and belonging needs

Participants identified that there is a need for love and belonging amongst adult homeless individuals. Two related categories were identified: the need for a support system as well as the need for identity documents.

Category 3.3.1: Support Systems

Participants stated that homeless individuals have a very specific need to belong to something or to feel loved by someone. It was also mentioned that they want to feel a form of unconditional acceptance, meaning no matter what they have done, someone will still show them love. The following narratives support this finding.

“So, we work with people that has been released from prison after serving twenty years, thirty years for murder for all sorts of things, yes, uhm, and they also come for a place of belonging a sense of belonging.” – (P14)

“The reason they come here is definitely for support and love, and you see acceptance. That unconditional acceptance.” – (P15)

Shelters could offer homeless individuals the opportunity to feel a sense of belonging, love, and acceptance, but homeless persons also need a solid support system in the form of relationships formed with others. Shelters could offer them the environment to build relationships that could further help with their need to reunify or reintegrate later on. Participants indicated that support systems are important for reintegration into society. Narratives are:

“Then we go up, they need relationships... Then they need emotional support that can guide them back into society, especially for someone who has been on the streets for five or six years. There is a lot re-training that needs to happen.” – (P9)

“...but there’s also emotional needs, because they have to have a support system which most of them don’t have uhm so we try then or they will rather, or they will sometimes go to church just to get somebody that you can say, this is somebody that I can depend on.” – (P12)

Gottlieb (2000) described social support as the process of interaction in human relationships which improves certain aspects of one or all parties. These aspects include coping, esteem, belonging, and competences, which are improved through exchanged physical or psychosocial resources. It could thus be argued that these individuals come to the organisations with a social support and relationship need. Maslow (1954) states that love and belonging needs include feelings of belonging and being socially accepted by others. This need for interpersonal relationships often motivates the behaviour of an individual. In the case of a homeless individual, it could be the motivation for the individual to come to organisations rendering services to the homeless looking for a support system. Parker (2012) suggested that social support services should be made available to homeless individuals.

Category 3.3.2: Identity document

Most participants made direct reference to the need to have an identity document for a homeless individual, specifically because one needs this document to identify yourself. Participants mentioned that having an identity document ensured a sense of belonging for adult homeless

individuals. It is also stated that adult homeless individuals would not be able to do anything if they did not have an identity document. Narratives related to this category follow:

“So ID documents. That’s where they start off with the ID. To homeless people that’s their gold. Without an ID you’re not a person. So we do the IDs, we do birth registration.” – (P16)

“Okay, most of their needs are uhm, the clients come without IDs number one, they don’t have no identification.” – (P13)

“Then we have people like they don’t have an ID, that’s like a very basic need. We would then assist in getting an ID, so that if you have an ID, I can assist you with a CV...” – (P4)

The narratives prove that there is a substantive need for adult homeless individuals to have an identity document. According to the Department of Home Affairs (Republic of South Africa, 2019) an identity document is very important as it proves a person’s identity. Individuals would be asked to show their identification on many occasions, such as when visiting healthcare organisations. In South Africa one usually cannot start a job, take out a loan, and rent a house if you do not have an identity document. Some participants even stated that they did not allow individuals into their organisations without an identity document. An identity document is an essential need because it can also assist homeless individuals not accommodated within government shelters to apply for the temporary Covid-19 SRD grant.

Subtheme 3.4: Employment Needs

Many participants also made reference to the need of employment. Participants mentioned that most individuals come looking for employment. Some of the narratives from the participants are presented below.

“Mostly they come with economic reasons, I refer to maybe being unemployed. You will see they are unemployed is the reason they ended up in the streets, with no support system, job or family. So the need that is one of their needs is the jobs so that they can be self-sustainable.” – (P1)

“Like I said a lot of them are unemployed. They come from different countries and different provinces in search of employment. A lot of them like the two major ones are substances and employment.” – (P4)

“A lot of them come looking for work. That’s the number one, they come looking for work. But it’s more... They are unemployed.” – (P14)

The fact that the homeless people entered a shelter because they were seeking employment is important, as it is indicated by some participants that this is often the main reason why homeless

people visit shelters. Homeless individuals do not have an income because they are unemployed, so they cannot purchase newspapers or access electronic devices where they can view job listings. In South Africa it has been established that the average unemployment rate was 25.63% between 2000 and 2018 making one in every four individuals unemployed (Trading Economics, 2019). It can be argued that most homeless people form part of this statistic due to them being unemployed.

According to the Social Development Strategy (City of Cape Town, 2012) there are expanded public works programmes set in place by the government to help provide jobs for unemployed individuals. Unfortunately, these programmes do not provide permanent employment and would thus not empower a homeless person to reintegrate into society.

Subtheme 3.5: Self-actualisation needs

Maslow (1954) states that self-actualisation needs are often only met when lower needs have already been met. Self-actualisation is described as a form of personal growth or bettering oneself. It was thus identified that self-actualisation is a need for homeless individuals. Life skills are a need that could ensure personal growth. When homeless individuals reunify with their families, they might have grown enough personally so that their families can accept them back. Two categories were identified:

Category 3.5.1: Improvement of life skills

Some participants made reference to the need that adult homeless individuals have to learn an improve their life skills. See the narratives of the participants below.

“We obviously also want to try and bring a developmental aspect into our programmes and so we run life skills groups and also job readiness groups so that people who do want to bring about a change in their life have the opportunity to do it.” – (P3)

“They then need to go to rehab; they need to take part in programmes.” – (P4)

Homeless individuals have a need to take part in programmes teaching them life skills. These programmes are either at the organisation or the clients get referred to a partner in the community where these programmes are provided. Participant 3 stated that they offered programmes where they facilitate life skills groups for their homeless clients. The goal of this group was to teach life skills to help facilitate positive change in the client’s lives. This finding correlates with literature because when homeless people learn life skills, it could help ensure a

smooth reintegration and reunification into their communities, build independence, and build self-reliance (Prinsloo & Van der Berg, 2018).

Category 3.5.2: Reunification Needs

Many participants mentioned that their clients come looking for family members or to be reunified with their families when they initially approach the night shelters or other organisations. The following narratives relate to the identified need:

“So, if they address this, chances are if you call family and we mediate between the family, themselves, the clients we try to mend the broken relationships. Then maybe they will be reunified with their family.” – (P1)

“From there, they need to find their way back to their families. There is a family reunification compound that needs to take place. The needs are endless.” – (P9)

Reunification is when an adult homeless individual is reunified with their family members after being separated from them for a period of time. The reunification process includes support provided to both the homeless individual and family members in order to work through the emotions and physical changes linked to the reunification process. It is important to build a support network around the person and to strengthen such a support network to ensure successful reunification. This is also needed to ensure that the individual will stay reunified with the family and not fall back into old habits that caused him or her to become homeless in the first place. Participant 9 clearly stated that there was a need to mend broken relationships with family members, in order for reunification to take place at a later point. This process usually includes supporting and empowering the client as well as the family members, with the goal of reunifying the family over time (Department of Social Development, 2015).

4.3.2.4 Theme 4: Causes of homelessness

Participants were asked to indicate the causes that lead to people becoming homeless. Subthemes and categories that came to the fore are discussed in the following section together with the relevant narratives.

Subtheme 4.1: Unemployment

The first **subtheme** under the theme of the causes of homelessness was identified as unemployment. Most of the participants noted that unemployment causes financial instability

which in turn may lead to homelessness. This pattern can be observed in the narratives that follow:

“They are very varied, and I think it’s more complex that what one could put together in a paragraph or two. It could be anything from the loss of a job, it could be a person going through a ...” – (P3)

“Loss of employment, people tolerate you less and also loss of accommodation. Especially for some who don’t have any family structures here and support. When they lose their job they cannot pay for accommodation and they are evicted, and they come here.” – (P11)

It is clear that unemployment could be seen as a vicious cycle because when someone loses their employment, they later lose their accommodation, their belongings, family support, and then later on the individual ends up at organisations such as night shelters, as they don’t have anywhere else to go. Another participant referred again to the lack of job opportunities and the fact that it is difficult to find employment.

“Uhm, unemployed, unemployed, unemployed. And they’ve been unemployed for uh... There really are no work, no work for them, or they are on drugs, retrenchments.” – (P18)

The narratives correspond with the findings of Cross and Seager (2010) that unemployment is one of the causes of homelessness within the South African context. The authors stated that most homeless individuals flow from townships and more rural areas towards Metropolitan cities, after not finding employment in their own areas. Based on the literature and the abovementioned narratives, unemployment is an issue that could lead to an individual becoming homeless.

Subtheme 4.2: Substance abuse

Substance abuse was mentioned as a main cause of homelessness by most of the participants. Below are the narratives supporting this finding:

“I think substance abuse is one of the main ones, also abusive families and substance abuse at the home. About 95% of my clients is due to substance abuse. I would definitely say it is both.” – (P2)

“So substance abuse, it might be another cause where you find that teenagers or young adults they become rebellious they don’t want to listen when their parents are talking to them so ja, and then it end up to a point where parents are like ‘we’re done with you, we don’t want anything to do with you.’ And then they decide to be on the street...” – (P5)

This subtheme was further divided into two categories due to instances where individuals would make specific reference to either alcohol abuse or drug abuse when referring to substance abuse as a cause to individuals becoming homeless.

Category 4.2.1: Alcohol abuse

A few participants specifically indicated that alcohol was the preferred substance abused by homeless individuals. This could be due to cheap alcohol, such as wine, that is easily available for homeless individuals in and around the areas they stay. A participant also stated that most of her clients abuse alcohol. The homeless individual's family would often ask the individual to leave the house due to the individual's habit of abusing substances as they could not cope with the stressors linked to this. The narratives below provide a clear picture:

"About 95% of my clients is due to substance abuse. I would definitely say it is both. Because they can, they've actually got access to this very cheap wine that actually makes them ill and then ja." – (P2)

"Alcohol as well yes. You might find that because they are abusing substances and alcohol that is the reason why they are kicked out of the family home or why their family relationship broke." – (P1)

The fact that alcohol is the preferred substance for some individuals could be related to other research studies where it was also found that alcohol was the substance that was the easiest to acquire, as well as the most effective when wanting to numb physical and mental pain (Borchard, 2005). Polcin (2015) states that substance abuse could impact an individual's success in finding housing, which could eventually lead to homelessness.

Category 4.2.3: Drug abuse

Some of the participants made specific reference to drugs when asked why an adult individual became homeless. One participant also clearly stated that there is more drug abuse than alcohol abuse. Individuals abusing drugs will often steal from their family members to sell these items to buy more drugs. Eventually the family members would become tired of the stealing and chase away the individual who would then be homeless. The narratives to support these results will now be provided:

"It could be drug use where the drug use results in them stealing from their own family members and then the family members have had enough." - (P3)

"More drugs than alcohol, more drugs. And obviously if you work with adults and you trace back into their childhoods, broken families are the main reason for them ending up with drugs." - (P10)

As seen from the above narratives it could be derived that drug abuse could also lead to family issues. The fact that drug use could lead to homelessness is confirmed by various authors (Wong, 2013; Anderson & Christian, 2003; Fitzpatrick et al., 2000; Polcin, 2015). These

authors completed studies regarding the causes and effects related to homelessness. Alcohol was listed as either a cause or an effect in all these studies.

Subtheme 4.3: Family issues and separation

Most participants stated that issues related to the family caused an individual to turn to life on the streets. This subtheme could further be split into two separate categories, namely divorce and separation, and abuse in the family. The two categories will now be discussed.

Category 4.3.1 Issues related to divorce

When asked what the causes of homelessness could possibly be some participants made specific reference to divorce when talking about issues related to the family. See the below narratives to support these findings:

“It could also be family conflict, so often what happens is that a mother might have a new partner after divorce and their child living with them comes into conflict with the new partner and gets asked to leave as well. It’s a me or your child kind of situation...” – (P3)

The first narrative shows that after a parent gets divorced, they might get married again. The new spouse might not get along with the child, who could be an adult already. The person then gets asked to leave the house and could eventually end up homeless later on.

Another participant focused on the fact that a relationship disappointment or divorce could also have an impact on an individual’s vulnerability towards becoming homeless. The narrative below states that:

“...but most of the clients that I have spoken to is something went wrong in their life. Either disappointment in their love life or divorce...” – (P7)

These findings reflect what is stated by Wong (2013) who identified that relationship and/or marital breakdown could be seen as a cause of homelessness.

Category 4.3.2: Abuse in family

Some participants indicated that being abused by a partner as an adult or abused earlier in one’s life as a child could cause homelessness later in life. This could be due to the traumatic effects it had, or that an individual literally fled from the abuser’s home and had nowhere else to go. Statements can be seen as follows:

“...and then also abuse, most of them will be survivors of abuse, domestic abuse. And in most cases there will be partner abuse as well. So they leave their homes and seek shelter here, although we try to refer them to other specialised organisations.” – (P11)

“So, you know, community resources, the infrastructure in communities is not sufficient, there’s abuse at home by the mother and father and the child take to the streets.” – (P13)

“Abuse that they were exposed to in their houses. Abuse that, from a young age. What we also found is that there’s, there’s not a sense of belonging, because the family itself, like the mother and the father, they were also on substances.” – (14)

It seems that abuse in the household, together with substance abuse and a lack of connectedness between family members, could be the reason for homelessness later on in such an individual’s life. This finding correlates with the finding by Guarino and Bassuk (2010) that traumatic stress in individuals that are homeless is extremely high. Homeless individuals have often experienced on-going trauma which is often abuse in families. In South Africa, Cross and Seager (2010) identified that issues related to family relationships such as abuse and domestic violence, played a significant role in the causes of homelessness.

Subtheme 4.4: Mental health challenges

A few participants mentioned that mental illness could cause homelessness. Participants said the following:

“We got a few mental patients that, they uhm, are on the streets because of their mental state of minds. They don’t do drugs, they sort of are just crazy, so ja they come here.” – (P2)

“...mental illness if it becomes unmanageable, a person is often asked to leave home because the family just can’t cope with their behaviour anymore.” – (P3)

“Uncontrollable mental illness. Most of them are referred from the hospital and the social workers there fails to negotiate with the family, where this person was coming from in the first place. He’s beginning to be seen as a liability in terms of care, and they refuse to take him because he is an adult. And because he is an adult, they don’t have any legal responsibilities towards him, just moral responsibility. And the social worker refers them to us so yes.” – (P11)

It is clear that the participants feel that mental health challenges could lead to homelessness later on in life. One reason is that once an individual had been released from the hospital, families often did not want to or could not take these individuals under their care again because they were not equipped to deal with the person’s uncontrollable behaviour. Eventually the

individual could end up on the street. Literature confirms this finding as it is indicated that when an individual suffers from mental illness there is a chance that they might become homeless later on in their life if the proper support cannot be provided for them by their communities and families (Cross & Seager, 2010; Wong, 2013).

Subtheme 4.5 Previous trauma

Another subtheme under the main causes of homelessness is previous trauma experienced by the homeless individuals. A few of participants made reference to previous trauma experienced by the adult homeless individuals. Participants made it clear that there are certain traumatic experiences that could lead to homelessness later on in one's life. Such experiences include abuse and rape. These are the narratives related to the fact that trauma could be a cause for an individual to become homeless:

"The post trauma is always, take a big play about that. So in that scenario is, because most of the older assessment or screening that we did, of course there's alcohol, of course there's drug of course he's addicted of course, but when we go deeper into what happened there's trauma. Childhood trauma and family dysfunction, major, major issues." – (P6)

"Any kind of trauma, but it's mostly either you were raped or abused or someone passed away. Most of the people's family members passed away that caused them to go downward or they had a traumatic divorce experience." – (P7)

Previous trauma has been listed as a cause for homelessness in the *Encyclopaedia of Social Work* (Wong, 2013). Trauma include childhood abuse and neglect, domestic violence, community violence, and trauma linked to poverty, loss of accommodation, loss of safety, and loss of a sense of security (Guarino & Bassuk, 2010). At a later stage it will be seen that being homeless is quite traumatic for the individual. More attention will be given to this phenomenon in the next section where the focus is on the effects of homelessness.

4.3.2.5 Theme 5: Effects of homelessness on the individual

Within this identified theme the effects of homelessness on the individual were discussed. Participants were asked what the effects of homelessness had on their clients. Six subthemes were identified with no related categories. Subthemes that came to the fore were feeling of hopelessness, traumatised by events, substance abuse, undisciplined actions, mental illness, and criminal activities.

Subtheme 5.1: Feeling of hopelessness

The first **subtheme** identified under this section is the feelings of hopelessness that homeless individuals develop once they have been living on the streets. A few participants indicated that their clients experienced feelings of being depressed or that they have given up on trying to change their lives. Some of the narratives from the participants are presented below.

“In most cases what I have seen they tend to lose hope, to give up on life. They are just hopeless, they no longer have dreams, aspire to turn around to have positive development, to turn around their situation. They are hopeless, they think ‘fine’ as long as I have a roof over my head, food on my table and a blanket on my bed, then that is it.” – (P1)

Other participants mentioned that the effects of being homeless could also lead to homeless people losing their sense of self-worth and a dependency on others to solve their problems.

“The effects of being homeless can be a loss of sense of self, uh, self-worth, lack of self-esteem, also a lack of agency not believing that they can do things. In other words, waiting for people to give them something. We must give them a job, we must give them food, we must give them clothing. So there’s no sense of agency on the individual on the part of the individual as well. The locus of control is very much, its somebody else’s responsibility to help me, I’m no longer able to help myself.” – (P3)

“First of all, there is an emotional effect. Your self-esteem gets shattered. Your belief in yourself and value is gone. You then start breaking your own value system to try and survive.” – (P9)

These narratives are arguably a general representation of what some of the participants who took part in the research study indicated as an effect of being homeless. It appears homeless individuals were struggling to accept responsibility and that they were not motivated to try and be independent persons. There was no specific reference to how long it would take an individual to start to feel these feelings of hopelessness. This finding is reflected in literature where it is stated that it is important to give proper attention to feelings of hopelessness and low self-esteem issues as they could lead to further mental health issues such as anxiety and depression (Shier & Graham, 2013).

Subtheme 5.2: Increased trauma

The second subtheme identified under this section is the feeling of being traumatised that homeless individuals develop once they have been living on the streets. Some of the participants said the following:

“Yes, most of them they obviously suffer from trauma, because for most of them they will be like you and me and suddenly they find themselves on the street and they just can’t understand that reality.” – (P11)

“They devastated, traumatised, and also that sense of, I don’t know where to go.” – (P16)

Apart from traumatic events taking place on the streets it could be concluded that being homeless is a traumatic experience (Hopper et al., 2010). Being continuously exposed to trauma can lead to a situation where homeless individuals do not care what happens to them.

The participants also add that the exposure to repeated traumatic events could have a negative effect on the health of homeless individuals, for example, when a homeless person is raped three or four times per month.

“Uhm, a lot of them are numb to trauma, because of them being traumatised all the time. Uhm, and a lot of them, they will pull a face of, I don’t care, like I don’t care what happens to me, because why, I’ve been through it all... It is not normal that you know, you are sleeping on the street and you get raped three or four times in a month. But because they’re so numb to it, they just like, oh ya but it’s ok, ya like, it’s fine.” – (P14)

It can be concluded that homeless individuals are exposed to repeated acts of violence on the street that could lead to feelings of numbness. A participant also stated that in shelters there were fights, physical violence, and criminal activities that could also be experienced as being traumatic.

“I have on this premises, in the last two months, stopped a knife fight between two clients by physically grabbing the person with the knife before he did damage. I have had to provide assistance to a client who was assaulted with a brick by another client on our premises and so it’s a very rough and ready world.” – (P3)

American literature suggests that the Trauma-Informed Care Model should be utilised when working with the homeless. This model focuses on gaining an understanding and awareness of the possible trauma experienced by the homeless individual and expects of the social worker to be careful to not re-traumatise the person, identifying opportunities to take control, as well as utilising the strengths-based perspective when looking at the homeless individual’s strengths and skills development (Hopper et al., 2010). It could be important for social workers to incorporate the Trauma-Informed Care Model in the South African context to ensure effective service delivery to homeless individuals.

Subtheme 5.3: Substance abuse

A few of the participants mentioned substance abuse as an effect of homelessness. Substance abuse in this context would refer to alcohol abuse or drug abuse. Some of the narratives from the participants are presented to follow.

“What makes you feel safe the whole time was using substances, and you escaping reality by using substances and now you are totally gone because you don’t have a family... So you are outside in the world, also even if you didn’t use substances, once you become homeless, you kind of move into the homeless circles where there is a lot of influence... And a lot of homeless people on the street they use substances as a means of getting by.” – (P4)

“...because being in the condition and the result is some of them it reinforces this dependence on substance abuse and drugs. If they have been using drugs they will use more, in order to adjust to this conditions.” – (P11)

“Yes, yes, they do, because remember to be homeless is a traumatic process and to cope with that most people their coping mechanism is, remember we apply different coping mechanisms to stress and life stressors, for them to cope with that they start to use drugs.” – (P1)

The narratives above show that the participants were under the impression that substance abuse could be an effect of being homeless, mainly to help cope with the circumstances of homeless persons. One participant mentioned that using substances is their way of escaping their reality or of getting by. Borchard (2005) states that the use of alcohol and drugs could be seen as a comfort to homeless individuals, but that this unfortunately often leads to abuse and addiction of these substances. Unfortunately, no specific South African literature was identified relating to homelessness leading to substance abuse. However, the participants’ perceptions and perspectives could contribute to further studies regarding the effects of homelessness in the Western Cape, South Africa, as it has not been previously identified.

Subtheme 5.4: Difficulty to fit into society

Difficulty to fit into society was identified as a subtheme of the effects of homelessness. A few participants made reference to forms of undisciplined actions when asked about the effects of homelessness on the homeless individual.

“Well the effect is that they become undisciplined, because it is kind of ‘safe’ for them to be on the streets. They call it their ‘safe space’.” – (P2)

“How to talk to them cause sometimes they are rough, they don’t unde... they don’t like to abide by the rules cause they were out there...” – (P5)

“They don’t know the resources available, and they also see shelters as prisons, because of rules and regulations...” – (P16)

The participants felt that once individuals become homeless, they lose touch with the rules and regulations of society and do not abide to it anymore which then leads them to become undisciplined. One participant mentioned that homeless individuals sometimes even find it difficult to abide to the rules and regulations in the shelter. It is important to examine this effect because it can have an impact on the reintegration and reunification process facilitated by the social workers at the various organisations. According to literature, homeless individuals have a higher risk of being incarcerated than other individuals. This occurrence could be linked to the undisciplined actions that homeless individuals portray (Hewitt, 1994; Fischer, 1992; Elberle et al., 2001; Roskes & Osher, 2006).

Subtheme 5.5: Mental illness

A few of the participants referred to mental illness as an effect of homelessness. Mental illness in this context would refer to any mental health disorder such as depression, bi-polar, or schizophrenia. Some of the narratives from the participants are presented below.

“One of the answers is that homelessness can call on mental illness. In other words it’s so traumatic being on the streets that a person could have a nervous breakdown or be affected of a mental illness of one sort or another. And I see this each and every day with my clients.” – (P3)

“Depression. Most of our clients have depression. Now and then you get the bipolar and the mood disorder thing, but mainly depression so their mental health gets impacted.” – (P7)

“So now they have all these things going on in their minds, some of them become very depressed, or they go into mental health conditions that cannot be addressed accurately with the government systems that they have to go to.” – (P12)

The participants mentioned that homeless individuals suffer from mental illness. Two participants made specific reference to depression as a result of homelessness. This finding correlated with what Eberle et al. (2001) established, namely that mental illness could either make an individual susceptible to becoming homeless, while in other cases homelessness could be seen as the trigger or cause of mental illness where, after becoming homeless, the person ended up with a mental illness. Cross and Seager (2010) is of the opinion life on the streets in South Africa could exacerbate mental illness.

Subtheme 5.6: Criminal activities

A few of the participants made mention of certain criminal activities as an effect of homelessness. Some of the narratives from the participants are presented.

“They steal. They will break into places, steal stuff, sell it in order to make money. I had a few who was involved in a few murders on the street, killing someone, but mostly by accident, not... But ja, mostly breaking into houses, stealing cars, stealing stuff, that’s most of the crimes.” – (P10)

“You know you might not want to steal, and you know stealing is bad because of say, your religion, but you need a bread, you need to eat. I need to jump a fence to get to a place where there is running water. So that then starts breaking. It starts with small sins, it gets bigger. Not only do I need to eat, I need to afford a place to stay. So, I might start with stealing a bread, but it ends up with breaking and entering.”
– (P9)

“Sometimes it takes them years to get back into society and into the labour market. So what happens, they go back and resort to stealing again.” – (P13)

Crimes committed by homeless individuals range from petty crimes such as breaking and entering, to serious crimes such as murder. Some of the participants stated that the crimes committed were only due to the circumstances that these adult homeless individuals were in. Under ‘normal’ circumstances the homeless individual would not commit crimes. The finding that homeless individuals get involved in criminal activities correlates with literature. It has been found that criminal activity could be seen as a way to survive for many people on the streets. This is due to the fact that it is difficult for them to find employment. They then turn to crimes such as pickpocketing, shoplifting, prostitution, drug dealing, and not paying for tabs and fares (Elberle et al., 2001). From the above narratives it could be assumed that not all homeless people commit crimes with the intention to inflict harm or hurt onto others, it is merely a means of getting by and surviving on the streets. Committing crimes could therefore be one of the effects of being homeless.

4.3.2.6 Theme 6: Theory utilised when rendering services to adult homeless individuals

Participants were asked to identify the theoretical models utilised when rendering services to adult homeless individuals. A lot of participants unfortunately misunderstood the question, as they referred to theories but not the theoretical models often utilised by social workers. Other participants stated that they do not even utilise theory in practice. From the participants’ narratives, three distinct subthemes could be identified.

Subtheme 6.1: Strengths-based perspective

About a third of the participants made direct reference to the strengths-based perspective when asked about theories utilised when rendering services to adult homeless individuals. These participants stated that they would rather focus on the positive aspects than the negative aspects of a client. The following narratives support this finding:

“Strengths-based perspective, because myself I’ve got a policy where we might complain about the thorns, but we might rather rejoice that thorn bushes grow roses.” – (P1)

“Oh yes, I also use the strengths-based perspective; I also use that, umm, because they are adults. I have to empower them. I don’t have to do things for them...” – (P8)

“My own, I prefer my own one I use is the strengths-based, you focus on the immediate strengths and take it from there. I’m not that history thing coming from where, and where in the roots and stuff. So now is what matters and what you can do now.” – (P18)

It was found that the strengths-based perspective is utilised when rendering services by some of the participants. Saleeby (1992) states that the strengths-based perspective allows the social worker to look at the strengths of clients instead of their shortcomings. This perspective assists the service provider in identifying strengths within clients as well as in their immediate communities, allowing for optimal growth and reintegration into society. It is clear from the narratives that this perspective could help bring forth change and empower adult homeless individuals to reunify or reintegrate into their respective communities. This perspective could also help individuals build up their self-esteem to such a degree that they would notice the things they do well, instead of all the negatives aspects in their lives. This perspective could ultimately ensure empowerment of the clients.

Subtheme 6.2: Ecological perspective

The minority of participants referred to the ecological perspective when asked which theories, perspectives, or models are utilised when rendering services to adult homeless individuals. Only one participant referred directly to the ecological perspective. The other references were not directly to the ecological perspective. These participants would generally state that they work with the families and/or the community as well when rendering services to adult homeless individuals. The following narratives support this finding:

“You need... that’s the first thing. You do this first in screening, it is about ecological perspective, you go to ecomap directly, you go deeper into cultural grams...” – (P6)

“And then I will like try and identify the resources in the community that they do have and then refer them there.” – (P4)

The fact that not many participants mentioned the utilisation of the ecological perspective is interesting as the ecological approach focuses on the interaction between the individual and the environment. According to the ecological perspective an individual’s behaviour is affected by factors at different levels of the environment. This behaviour then leads to certain effects within the same environment. These levels include the microsystems, mesosystems, exosystems, and macrosystems (Bronfenbrenner, 1980). As seen through previous subthemes an adult homeless individual’s behaviour is affected by circumstances in and around them. What causes an individual to become homeless is related to certain individual-vulnerability aspects, as well as structural aspects (Encyclopaedia of Social Work, 2013; Anderson & Christian, 2003, Fitzpatrick et al., 2000). It could be argued that when rendering services and applying theory, all environmental and individual factors should be taken into account.

Subtheme 6.3: Person-centred approach

Most of the participants referred to this theoretical approach when asked about theories utilised when rendering services to adult homeless individuals. The following narratives support this finding:

“I focus very much on the client-centred approach ... We are very client-centred orientated cause I feel the client has to find himself, the client should make those decisions, and I’m just here to guide the client along.” – (P13)

“Oh, like the client-centred theory approach... Ja that one. I like using this that one cause it focuses wholly on the person and you are able to understand the root cause of the problem and that will enable you to know how to assist a client.” – (P5)

“Most of the social workers, I find, feel very comfortable with client-centred approach. It is because we love the person and we want to see the best in the person.” – (P9)

The person-centred approach clearly states that social forces are at the root of the clients’ difficulties. By empowering the individual as a self-determining actor in their own lives, one could bring forth social and personal change (Murphy, Duggan & Joseph, 2013). In social work a person-centred approach could make reference to the relationship conditions that the social worker has with the client, in this case the adult homeless individual, such as that the client has the social worker’s empathy, genuineness and unconditional positive regard (Wilson, Ruch, Lymbery & Cooper, 2009; Rogers, 1959). As seen through the narratives, the social workers

rendering services to adult homeless individuals feel comfortable when making use of the person-centred approach. It was stated by a participant that this was because social workers cared for all individuals and would like to see the best in an individual and the best for that individual.

4.3.2.7 Theme 7: Services offered to adult homeless individuals

This section explores the services rendered to adult homeless individuals by the participants and their organisations. These services were divided into three levels (subthemes) namely, micro-, meso- and macro-level service rendering.

Subtheme 7.1: Micro-level

Within this section all services that relate to the micro-level will be discussed. Bronfenbrenner (1979) mentions that the microsystem could be seen as the most basic system as it refers to a person's most immediate environment. Services offered immediately and focusing specifically on the adult homeless individual will be discussed in this section. Usually homeless individuals cut all ties with family and friends from their previous lives, this is seen as their microsystem. The following categories were identified:

Category 7.1.1: Providing basic needs services

This category relates to fulfilling in the basic needs of the clients such as providing food, clothing, ablution facilities, and shelter or housing. The following narratives support this finding:

“So what I explained is just social work services, but the shelter in general, they do offer food, toiletries, a bed and bedding, three meals a day. In the morning they get breakfast, then lunch at twelve, and then supper, and then in between they get some snacks, some cake and biscuits.” – (P1)

“Yes, we meet just their basic needs in terms of food, lodging and toiletries.” – (P7)

“Okay, eeehhhhh... hospitality, it does provide bedding, it provides a bed space and bedding. And then of course meals ... Three meals per day. For those who go out we give them lunch bags, lunch bags, ja. Those humble lunch bags, but those people who don't go out like the grantees they have their lunch, just normal lunch here.” – (P11)

Most participants stated that they offered food, shelter, ablution facilities and clothes to their clients. Only two of the organisations that are not registered as night shelters, do not provide beds or sleep facilities, however, they still provided food, clothes, and ablution facilities to their

clients. It could thus be derived from the narratives that social workers at organisations rendering services to adult homeless individuals provide in the most basic or physiological needs of the homeless. Seager and Tamasane (2010) mention that most of the organisations that render services to homeless individuals in South Africa view their main goal as providing in the basic needs to their clients. Thus there is a correlation between the narratives provided by participants and previous literature findings.

Category 7.1.2: Completing an assessment

The participants stated that they assessed the individuals and helped them to formulate personal development plans as part of the assessment process. Clients were also informed about the expectations, as well as the aims to be achieved as part of the process of intervention. The following narratives support this finding:

“After that they get an appointment with me, the social worker, where I then do their assessments and their PDPs, their plan of action. I tell them exactly how much time they have, what they need to do, what I expect from them, what they should expect out of this whole process and ja basically just that.” – (P4)

“Also basing on that assessment I do with them, I also compile a PDP, a Personal Development Plan, with smart, measureable and achievable goals. This can be achieved within a certain timeline.” – (P1)

One participant also indicated that the personal development plan is based on identifying the possible actions to be taken on how to restore relationships. The narrative is:

“We start with in-depth psychosocial assessment. We then determine a personal development plan based on identified relationships that require restoration, social structures around you and how you can re-connect to those structures.” – (P9)

Most participants stated that they developed a personal development plan for each of their clients as soon as the basic assessment had been finished as part of the intervention process. Completing an assessment as well as a personal development plan form part of the individual counselling services provided (Johnson & Yanca, 2010). In the Norms and Standards document developed by the Department of Social Development (2015) it states that it is expected of social workers to complete these assessments and personal development plans with the clients as part of service rendering. Within these personal development plans goals are made that should be achievable. These goals need to be achieved within a certain timeline. The participants explained that this is completed with the clients to ensure that they will be able to achieve these goals.

Category 7.1.3: Counselling Services

The provision of counselling support services provided by the participants to adult homeless individuals were identified as the next category. The following narratives support this finding:

“From my side, I do most of the counselling services...” – (P7)

“Uh, we offer counselling.” – (P16)

“Uhm like I said we do spiritual counselling and then we also do your normal social work services...” – (P15)

Some participants made reference to the fact that they provide counselling services. However, only a minority of the participants mentioned that direct counselling services were provided. One participant mentioned that it is difficult in the cases where clients choose to be at the shelter as you cannot force these individuals to participate in services if they did not want to. See the narrative below:

“That is also one of the challenges; people don’t share the same interest when they come in by the gate. And you can’t also force someone to participate.” – (P15)

Another participant added to this and stated that it is due to the fact they are adults; thus they are not obliged to take part in any of the services if they do not want to. Narrative below:

“You see because they are not obliged. Ja, they are adults you know.” – (P11)

It is clear that homeless individuals often require counselling services because homelessness is described as being traumatic. According to the *Norms and Standards for Shelters for Adult Homeless Individuals*, social workers should provide counselling to all clients to ensure effective reintegration into the community (Department of Social Development, 2015). Unfortunately, it has been seen that social workers often do not get time for all their responsibilities such as one-on-one counselling due to their high caseloads and high volumes of administrative tasks at organisations. This participant indicated that there is even a backlog when it comes to seeing their clients for sessions. See the narrative supporting:

“So, there it becomes difficult when you have so many clients to see and you are the only person whose seeing them. So the back log is like, is forever a problem.” – (P4)

Category 7.1.4: Aftercare services

The last identified category was aftercare services provided to adult homeless individuals. Some participants stated that they provided aftercare in the sense of a phone call or by sending SMSs to the individual. Most participants stated that there is no way that they could provide aftercare to homeless individuals. This could be because clients do not want to be contacted after leaving the shelter or because the workload of the particular social workers are just too heavy to allow for additional follow-ups with clients once they have left the organisations. This state of affairs are supported in the following narratives.

“Not really. I would say the aftercare it’s lacking a bit, but that’s because they don’t always give us the correct details when they do leave. So you don’t get a phone number, the address is not correct or whatever.” – (P7)

“Yes, yes, yes, uhm, but the aftercare it is difficult because we fourteen staff, we only two social workers uhm, so it’s spread very thinly.” – (P14)

“The aftercare service is also a big challenge; you can’t phone the whole world every time to find out what is this person doing. Once he is out by the gate, he is no longer part of our programmes.” – (P15)

Even though literature dictates that social workers should provide aftercare services (Johnson & Yanca, 2010), the narratives made it clear that social workers working with adult homeless individuals do not have the time or capacity to provide in proper aftercare services. Mittal (2005) states that aftercare services refer to specific services provided to an individual to adapt back into everyday community life, after completing a number of counselling sessions, or rehabilitation. But as is clear from the narratives provided that the clients do not usually return to the organisations for aftercare. However, if aftercare services are not provided there is a reasonable possibility that the client might end up becoming homeless again.

Subtheme 7.2 Meso-level

The second **subtheme** that was identified was the meso-level services. The mesosystem is described as a more generalised system that refers to certain interactional processes between different microsystems (Bronfenbrenner, 1979). The participants made specific reference to reintegration and reunification services which could be linked to this subtheme.

Category 7.2.1: Reintegration Services

Participants indicated that they offer reintegration services. Reintegration is that stage when

the individual does not live in the shelter anymore but lives in the community and where the individual has not yet been reunited with his or her family. The narratives are:

“Then they, we call that person, if that person leaves the shelter, that process is reintegration, because he was reintegrated into society, although he is not with family, but he is back into the society and community.” – (P1)

“Uhm, reintegration is different, it is independent living without any relationship with family, so if there’s no functional relationship with the family, but this person is searching for accommodation somewhere else we call it reintegration, but there must be an address.” – (P11)

“...whereas reintegration would then be uhm, a client who has got no family or there’s no contact with the family the relationship is broken, but the client then still reintegrates back into society.” – (P13)

The descriptions of reintegration by the participants correlate with the definition given in the *Norms and Standards for Shelters for Adult Homeless Individuals* (2015). Most participants stated that reintegration takes place more often than reunification as it is easier to reintegrate an adult homeless individually than to reunify that individual with family members. This could be attributed to the strained and broken relationships homeless individuals usually have with their families (Wong, 2013).

Category 7.2.2: Reunification Services

The participants mentioned that reunification services are offered by night shelters, as these organisations are only temporary accommodation. According to the *Norms and Standards* document homeless individuals are only allowed to stay at a night shelter for a maximum of six months. The social worker also has to meet certain targets when it comes to reunification (Department of Social Development, 2015). The narratives are presented below:

“Then reunification is mostly about family relationship and mending broken relationships, reunifying to your family whether your parents’ house.” – (P1)

“Okay, reunification, that’s when I, the clients that uhm, the clients that we are not seeing the families before, they will start having the relationship with the family. I might like, contacting them, visiting and go and sleep over. So that is what I normally call reunification.” – (P8)

“So there we reintegrate them, but when it’s reunification it’s going to a direct family member like a sister, brother, mother, an ex-wife, children, then it’s reunification otherwise it’s reintegration.” – (P16)

From the responses it is clear that reunification is the process of reunifying adult homeless individuals with their family members. This could be any family member, for instance, a sister,

mother, son, or grandparent (Department of Social Development, 2015). When reunifying a homeless person, the whole system must be considered. When social workers work with individuals they focus on their strengths, dreams, weaknesses, and opportunities. Different programmes and projects are made available to the homeless person to take part in and these could later help them successfully reunify with family members.

“...and this is where you reunification comes in, where you really have to link your systems theory and your developmental approach, to develop this person within himself, to go into the community and to be part of the whole system again ...we try to develop the person, we look at their strengths, the opportunities, we let them see weaknesses, we see where we can help him to develop him to become the person that he is, he was before, or the person that he can be. We believe in building your dream, we have different projects at the shelter, where people can also fit into and that is also how we see where are your strengths, where is there room for development, improvement.” – (P15)

A homeless individual is also often homeless due to family circumstances such as death in the family, abuse in the family, and divorce. For example, it would be impossible to reunify homeless individuals with abusive partners. As was seen, family issues such as domestic abuse or divorce could also be the cause of homelessness (Wong, 2013). It would thus be detrimental to place any individual into the negative environment that the person tried to get away from in the first place.

Subtheme 7.3: Macro-level

The macro-level are the most generalised forces that affect the individual, the family, and other individuals around them. These forces could include belief systems, material resources, customs, life-styles, bodies of knowledge, opportunity structures, and life course options (Bronfenbrenner, 1979; Gauvain & Cole, 1993; Pardeck, 2015). Given that adult homeless individuals often lose touch with themselves and society, services such as life skills development programmes and employment support programmes would be investigated as these are the type of macro-level services that social workers would render. These services are helpful tools that homeless individuals could use to reintegrate into society as functioning individuals.

Category 7.3.1: Skills development programmes

All participants indicated that they provide some form of life skills programmes at or through their organisations. This is confirmed with the following narratives.

“And we also then have the five-day life skills programmes, which is also quite intense where another organisation will come and do it here at the shelter. And there they cover everything from budgeting, again relationships, you know communication, you know knowing you, you know, what why do I tick, why do I make decisions. So those are all the programmes that we try and instil that sort of to believe in themselves again.” – (P13)

“So skills development is really around life skills and in other words ‘my life on the street is chaotic, what do I need to do to kind of adapt to a working environment?’” – (P3)

“We’ll do like life skills like boundaries cause you need to teach them boundaries as soon as possible because out there they do whatever they want. And then communication skills as well and uhm what else?” – (P5)

From the aforementioned it is clear that social workers provide skills development programmes. Most participants stated that these programmes would mostly focus on life skills training such as budgeting, communication, boundaries, and decision making. One participant stated that as they do not always have time to facilitate these programmes themselves, they would outsource the task by making use of other organisations in the community.

“And sometimes I can also outsource, as I said I work with other organisations around, so I can outsource especially they help us a lot.” – (P8)

Another participant mentioned that it is difficult to keep the homeless individuals focused on skills development programmes as the programmes would usually be facilitated in groups. Therefore, the facilitators must keep the programmes interesting to ensure that the individuals would enjoy the content.

“What we also try and incorporate in the groups, me and my auxiliary, is we try to incorporate a video of some sort, so that the group isn’t just them sitting there listening to what we are saying, and asking them questions, so that they don’t get too bored man.” – (P4)

The *Norms and Standards* document suggest that skills development programmes should be offered at shelters, either by the staff or by external service providers (Department of Social Development, 2015). It can be concluded that the majority of the participants are adhering to the requirements as set out in this policy document.

Category 7.3.2: Employment support programmes

The second **category** that was identified under this subtheme was the employment support programmes offered to the clients by the participants. All participants indicated that they provide some employment support programmes at, or through, their organisations. This is confirmed in the following narratives.

“So we have a job readiness programme that runs over eight weeks which is really kind of sort of basic skills which will help a person get themselves job ready. They will draft a CV, they will make sure they have an ID and a bank account. These are the basic things that need to be in place in order for a person to apply for a job.” – (P3)

“In the economic empowerment ja, we teach them interview skills, how to respond appropriately, what questions to expect, how to dress and how to act accordingly.” - (P4)

“Uhm, we look at our basic life skills like choices, job readiness, we do that as well, we also have a computer room where we used to have computer training, but at the moment we don’t have a facilitator.” – (P15)

Participants explained that various aspects are covered in employment support programmes to enable homeless individuals to be ready for the job market. Employment support programmes are also in place at most of the organisations. According to the *Norms and Standards for Shelters for Adult Homeless Individuals* (Department of Social Development, 2015) shelters should offer support to homeless individuals while they search for employment opportunities.

4.3.2.8 Theme 8: Challenges experienced when rendering services to adult homeless individuals

This section explores the challenges that are faced by social workers when rendering services to adult homeless individuals. A general question was posed to the participant, whereafter further probing took place to get the necessary feedback from participants. The following subthemes were identified: uncooperativeness from clients, challenges linked to safety and security issues, high caseloads, insufficient financial support, insufficient supervision, lack of resources, accommodation of transgender clients, and diagnosing of mental health patients.

Subtheme 8.1: Uncooperativeness from clients

Some of the first challenges that were mentioned were challenges related to the uncooperativeness from the clients. One category was identified.

Category 8.1.1: Homeless individuals not motivated to receive social services

It was identified that clients are not motivated to take part in the services that are provided at the organisations. The following narrative support this finding:

“I think the main challenge that we deal with is the state of mind of the clients, because they are not the same every day. And with the substance abuse, when you start off programmes with them, and they keen and eager, and then they start, but then you don’t see them for two weeks then you have to start again, where you think they have become clean. Then they go home for a while, but then they are back on the streets or at the shelter.” – (P2)

From the descriptive answer of the participant it can be derived that the social workers face challenges when it comes to getting their clients to cooperate. Numerous participants stated that clients believed night shelters to be places to go to eat, sleep, clean themselves, use the facilities, and then leave again. However, as mentioned by the participants, the organisations rendering services to adult homeless individuals are not only providing shelter and meals to the clients. It is a place that individuals visit to better themselves through emotional and social support, as well as to receive proper counselling and guidance by social workers and other staff members. The following narrative confirms the state of affairs.

“Uhm, uncooperativeness from the clients. Some clients are not cooperating at all. Because, some of them they just think, they come with the mentality “okay, I just need to be issued so that I can get a roof over my head and food on my table”. Of which the reason for you to be at the shelter is for you to get social work services. If you don’t want social services, you don’t have to be here. Like we are not a bed and breakfast, we want to help you.” – (P1)

Another challenge that surfaced was that clients would “disappear” from shelters. Often clients will register at the organisation, get assessed and loaded onto the system, just to leave a few days later. These homeless individuals would often start out at one shelter and end up visiting all shelters in the Western Cape. As soon as social workers got too close to them, they would leave just to appear at another shelter. In some cases, this behaviour could be because homeless individuals do not want to face their situations, or revisit traumatic experiences, or open up wounds from their past. These homeless individuals would rather up and leave. It often happens

that homeless individuals will disappear as soon as they are sent to attend programmes. This is confirmed in the following narrative.

“Difficult clients. Sometimes you talk to a client and they agree to everything and they show that they understand, and they are going to do what you’re telling them to. And then the next thing they supposed to go do that, they don’t go? Usually it’s when you send them to job readiness programmes. You give them money, then go to Observatory attend that course. They will go once or once this one went and then did not even finish the whole day, just left in the middle of the day.” – (P5)

As seen in other identified themes the participants explained that because they are working with adults, they cannot make them do certain tasks. It is always up to the homeless individuals to choose whether they want to be at the shelter to receive support. According to the Bill of Rights each citizen has the right to freedom and the right to freedom of movement (Republic of South Africa, 1996). Shelters cannot force clients to stay on the premises and to take part in programmes if they do not want to.

Subtheme 8.2: Challenges linked to safety and security issues

It has already been established that social workers experience challenges related to their safety and security when rendering services to adult homeless individuals. Many participants stated that they feel unsafe in their working environment. The following are categories that participants identified as making them feel unsafe, namely, when clients are under the influence of substances, when they have dangerous weapons on their person, and when they suffer from mental illness.

Category 8.2.1: Homeless individuals under the influence of substances

It was found that the participants felt unsafe when their clients were under the influence of substances. The following narrative support this finding:

“...sometimes we do feel unsafe. The clients who use substances, when they are under the influence, they can do anything, because at that time they feel powerful, they feel undefeated, they can do whatever they like. We only have two panic buttons, and none are in the office.” – (P4)

“but it does become hard, especially if you are sitting like in a group setting for instance, and you have somebody that is drunk, and you have somebody that is high on tic, the two personalities, it’s very difficult to judge, not to judge, but to calm them.” – (P6)

Participants stated that they feel unsafe, especially when clients are abusing substances. It was mentioned that when clients are under the influence they could do anything. This correlates

with literature as Whitaker et al. (2006) state that there is a higher risk of violence for social workers working in child protection services, mental health facilities, criminal justice systems, and night shelters. Sometimes clients will be using substances just before group sessions at night shelters. Because of how their personality would change to make them feel powerful, it is usually very difficult to manage clients who are under the influence of a substance. The situation can become unmanageable when different substances are mixed as this could make it impossible for participants to render services to these clients. Furthermore, the lack of security at organisations, such as access to panic buttons, is a security risk, as it will be difficult to let others know when the participants are in danger, or need help with a particular situation.

Category 8.2.2: Homeless individuals carrying dangerous weapons

Participants indicated that another threat they have to deal with is that the homeless clients could bring weapons into the organisation as there is no search policy in place. The following narrative explains:

“Sometimes they come here with weapons inside, you don’t know. And you cannot say search your bag, and whatsoever, you see what I mean? It’s not a policy, it’s not about they check my bag or whatever, it’s not a policy that they must open their bag.” – (P6)

Participants indicated that they are not allowed to search their clients upon arrival or during sessions. This situation could be unsafe as one would never be certain whether or not clients have weapons in their possession. The Constitution states that anyone who enters a shelter should be treated equally and fairly (Republic of South Africa, 1996). Unfortunately, this can lead to a safety and security issue for social workers.

Another participant mentioned that he physically had to stop a fight between clients. It could be concluded that he was also in danger of getting hurt. See the narrative below:

“I have on this premises, in the last two months, stopped a knife fight between two clients by physically grabbing the person with the knife before he do damage. I have had to provide assistance to a client who was assaulted with a brick by another client on our premises and so it’s a very rough and ready world.” – (P3)

The finding that homeless individuals could be potentially dangerous, is reflected in literature that confirms that crime and violent behaviour are often unavoidable among homeless individuals (Eberle et al., 2001; Hewitt, 2001).

Category 8.2.3: Homeless individuals with mental instability

The safety of the participants was highlighted in a previous discussion when reference was made to clients suffering from a mental illness. A participant made it clear that clients that suffer from mental illnesses such as schizophrenia are very challenging to work with. This is made clear in the following narrative:

“Man, you do have times when you are not safe, because we have schizophrenic and mentally challenged people, and that is a big risk, this is one of our really biggest risks.” – (P18)

Another participant added that sometimes clients who suffer from schizophrenia, PTSD, or bipolar mood disorder, are not on medication. This could be very unsafe for social workers rendering services, as these homeless individuals could have uncontrollable outbursts. Social workers are not healthcare practitioners, so they often do not have the necessary knowledge to deal with these kinds of situations.

“We put our safety at risk, not just our safety but our other clients’ safety. And it is because, it’s like severe schizophrenia, or PTSD or bipolar, and the person isn’t on medication so they can go on for days, and we don’t know how to approach that.” – (P4)

From the above narratives it is clear that social workers rendering services to adult homeless individuals often feel unsafe in their working environments. This finding is also reflected in literature. Whitaker et al. (2006) state that when working in a night shelter specifically; the risk of violence will always be higher when rendering services. However, even though it was clear that the participants sometimes were in fear of their lives when going to work, they still feel that social work must continue.

Subtheme 8.3: High Caseloads

It was identified that the high caseloads experienced by social workers working at organisations rendering services to adult homeless individuals are challenging. The following narratives support this finding.

“Yes, so to tell you the truth I don’t actually know what my caseload is, I just deal with whatever happens.” – (P3)

“Ja the caseload is a bit high, because like at the moment I’ve got 118 clients that I deal with and you supposed to see a client at least once per month, so ja. And some clients they do come and go and come and go.” – (P1)

It has become clear that social workers rendering services to adult homeless individuals struggle with high caseloads. For example, participant 1 stated that they are expected to see a

client at least once a month, but the way in which he made the statement made it clear that to see all clients on a monthly basis would be impossible. It was stated that they just have to deal with whatever happens at the organisation. Another participant indicated that apart from their high caseloads, funding and manpower are further challenges.

“I will definitely say at the shelters I have a caseload of 70 people, and during the winter months we take part in the programmes with the City of Cape Town where we accommodated an extra 15 people this year. And everyone needs services, but there isn’t enough funding and there isn’t enough manpower, staff to accommodate everyone.” – (P15)

From the above narratives it is clear that participants struggle with the high caseloads at their organisations. None of the participants even referred to any form of preventative services rendered by their organisations. Therefore, high caseloads due to a high number of homeless individuals in South Africa, and specifically the Western Cape, make it difficult for the participants to cope with their caseloads. Strydom (2010) mentions the fact that social workers in South Africa have high caseloads and thus do not get to all the services they should be rendering, such as preventative services. Hope and Van Wyk (2018) added that the caseloads of social workers in South Africa remain extreme.

Subtheme 8.4: Insufficient supervision

Some participants stated that although they get along very well with their supervisors there is unfortunately not enough time for reflection and debriefing during supervision sessions. The following narratives confirm the statement:

“No supervision is monthly, and supervision it is not about emotional support alone. It’s about work. So most of the time the supervisor is about, if social development comes, is the social workers work up date, that’s the issue. It’s about paperwork, so it’s very difficult now to go to my trauma.” – (P6)

“Uhm, I don’t get supervision in terms of social work supervision, but I do have a support system in the community court uhm, where I can go and I can just speak, ok this is what’s happening.” – (P14)

Two participants made it clear that there is a strong emphasis on the administration aspect of social work. It was mentioned that supervision was usually only for talking about cases and making sure all administration was up to date, where-after the supervisor had to leave again.

“I’ve never had supervision in my whole career. Uh, no we don’t. I mean we can never, you can never go for counselling and offload, there’s no services.” – (P18)

This participant also mentioned that she had never received any form of supervision while working at her organisation for many years and that no emotional support was offered to her. Other participants indicated that they did not receive any supervision in their field. Participants also made reference to the fact that they had to pay for their own supervision to take place. These findings are reflected in literature as Chibaya (2018) states that currently in South Africa the support function of supervision is neglected and that this has a direct impact on service delivery by social workers. It was thus found that social workers rendering services to adult homeless individuals have challenges regarding supervision.

Subtheme 8.5: Insufficient financial support

It was identified that insufficient financial support is a challenge for social workers rendering services to adult homeless individuals. This was confirmed by the following narratives:

“We also dealing with government funding cuts in the next... in the years ahead, because of the political economy. South Africa has to bail out Eskom and SAA. And the word is that government departments’ budgets are going to be cut by 6%.” – (P3)

“Funding, this place is so poor. We get like government funding but that’s basically about it and then the fees income is little money because everyone can’t afford to pay. Uh, we survive on donations, food to get as a donation...” – (P16)

One participant stated that if it were not for donations made to their organisations, they may have had to close their doors. The participant referred to private donations and sponsorships necessary to keep the organisation running.

Based on the above narratives it can be concluded that funding is a challenge faced by social workers rendering services to adult homeless individuals. These findings correlate with existing literature that confirms that only 10% of funds are in fact allocated to social welfare programmes within the Department of Social Development (Vetten, 2017).

Subtheme 8.6: Lack of resources

The participants also mentioned challenges they face due to a lack of resources available to social workers when rendering services to adult homeless individuals.

“I think I can fairly cope with my workload; it’s just our resources are very limited as you know. My resources are very limited...” – (P10)

“Ok, so resources are number one, but I guess that’s a challenge in every organisation. It’s the lack of resources...” – (P14)

“That is a big challenge, because you don’t know, there’s not enough resources out there, you don’t know where to refer you clients too, or you can refer but they don’t get the services they need.” – (P16)

Some participants referred to the lack of resources available in social work organisations. Night shelters and other offices of social work organisations are often located in lower income areas that have little community resources available to homeless individuals, such as rehabilitation centres or employment opportunities.

It can be concluded that there is a lack of resources available to organisations working in the homeless sector. Various South African authors mention that social workers cannot provide optimal services if the necessary resources are not available to help combat the social issue of homelessness (Alpaslan & Schenck, 2012). Slovak, Sparks and Hall (2011) state that limited resources could negatively influence the communities where social issues are prevalent.

Subtheme 8.7: Accommodation of transgender clients

A few social workers referred to challenges experienced when working with transgender adult homeless individuals. Providing overnight accommodation to transgender adults often cause issues within the night shelters. The challenges surrounding transgender clients are illustrated in the following narratives:

“It’s, cause we don’t have space for uh, what you say, for transgender people ... And then where do we place them? That’s the challenge.” – (P6)

“Especially with the, we do have many challenges with transgender people ... Cause, people sleep in dormitories you have your male and female separate. Now you get someone who is busy with a sex change, he doesn’t want to sleep with the males, but he can’t sleep with the females, that is a grey area.” – (P10)

Organisations find it difficult to manage transgender clients as (according to the participants) the shelters do not have the necessary facilities. The sleeping arrangements are specifically problematic because night shelters are divided into two sections, the male side and the female side. There is no area where transgender clients can be placed.

An American study recently found that transgender adults are often scared to make use of certain services because the service providers are often uncertain on how to render services to transgender individuals (Kattari, Atteberry-Ash, Kinney, Walls & Kattari, 2019). It seems as if there was also uncertainty amongst the participants about how services could be rendered to

transgender clients in this study group. This is perhaps an aspect that should be explored as transgender individuals have the right to not be discriminated against.

Subtheme 8.8: Medical diagnosis of mental health patients

Many participants mentioned that they struggle to obtain diagnoses of adult homeless individuals who suffer from mental illnesses. It was made clear that social workers could wait up to six months to obtain a diagnosis for one of their clients. It was stated that such a diagnosis could range from being bipolar, suffering from schizophrenia, or from chronic depression. According to the *Norms and Standards for Shelters for Adult Homeless Individuals* (2015) clients are normally only allowed to stay in a night shelter for six months. Participants stated that by the time a person has been diagnosed with a mental illness, they need to have finished counselling such an individual.

“Okay, so first off, what stands out for me is the mental health, the mental health of clients. We have a lot of clients who are mentally ill. Some of them are diagnosed, some of them are not diagnosed. So like I said, if they are undiagnosed, we wait three to four months, just to find out what is wrong with the client.” – (P4)

It was stated that many clients were not diagnosed with specific mental illnesses, even though the participants could clearly see that there is a need to be diagnosed. The participant also made it clear that the individuals who were not yet diagnosed usually waited for three to four months to be diagnosed. This is a big challenge as these clients were still living at the shelters during that time with no medication and no treatment from mental health practitioners.

Another participant stated that they have nowhere to go with their mental health clients, as these clients must be properly supported. This situation can be attributed to a lack of resources available to the community.

“And we are not the answers, because we are, and they forget that we are night shelters. They will send all the sick people to us. They will send all the mental health people to us. If they find somebody in the street which is now in a mental state, go to a night shelter. We do not have staff to work with people like that.” – (P12)

While homeless individuals are waiting to be diagnosed, the organisation and staff of night shelters and other social organisations end up dealing with schizophrenic outbursts, drug induced psychosis, PTSD symptoms, bipolar extremities, and suicide attempts by chronically depressed clients. The participants made it clear that they felt overwhelmed and were not prepared to deal with mental health issues. The following narratives support this finding:

“The number of people affected by drugs is, in a bad way in terms of that the prognosis is not good. In other words it’s caused a level of psychosis or difficult behaviour. It makes it difficult for us as social workers to deal with.” – (P3)

“And it’s because, it’s like severe schizophrenia, or PTSD or bipolar, and the person isn’t on medication so they can go on for days, and we don’t know how to approach that.” – (P4)

“And in that time anything can happen to the client. They can run away, they can walk away, they can try to commit suicide, anything like that, and then what do we do?” – (P4)

It was repeatedly stated that social workers are not health practitioners and that they do not understand why they are expected to deal with these kinds of patients. This finding is supported by Olckers (2013) who found that social workers in South Africa do not receive sufficient training regarding mental health issues.

4.3.2.9 Theme 9: Minimisation of challenges experienced by service providers

This section explores how the challenges that social workers face when rendering services to adult homeless individuals could be minimised. After sharing the challenges that the participants face, they were asked how these challenges could be minimised. Some participants were sceptical. A few even mentioned that the current situation would not change and that it would never get better. They were then asked what they would need in an ideal world. The identified the following subthemes, namely, they would need a functioning healthcare system, the appointment of more staff, enough training for staff members, and the orientation of clients.

Subtheme 9.1: Functioning healthcare system

The first **subtheme** that came to the fore was the need for a functioning healthcare system in South Africa to ensure the minimisation of challenges experienced by social workers when rendering services to adult homeless individuals. Narratives supporting the identification of this subtheme are as follows:

“So, in an ideal world, I would like to see a functioning healthcare system. In which clients could access the necessary care within say maybe three to four hours instead of a whole day.” – (P3)

“Gggg, aaaaah ja! In an ideal world, good healthcare systems.” – (P17)

A few participants referred to a functioning healthcare system that would help combat the issues around homelessness. As many homeless individuals suffer from physical, chronic, and

mental health disorders it is suggested that social workers rendering services to adult homeless individuals should work together with the health departments.

“I think if the department of health can partner with us, just that one thing, can help, because it’s, because it’s, mental health people, it’s people with chronic diseases, it’s people with physical needs, and then also it’s people for the old age home applications, because there’s a medical report that needs to be completed by a doctor.” – (P4)

It was made clear that if the healthcare system is were working optimally it would already help minimise the challenges that social workers faced on a day-to-day basis when rendering services to adult homeless individuals. This finding correlates with literature as Rakabe (2018) states that healthcare services in South Africa should undergo changes to address inefficient public healthcare services.

Subtheme 9.2: Appoint more personnel

Some participants mentioned that it is necessary to hire more personnel to work at night shelters and other organisations rendering services to adult homeless individuals. The **subtheme:** appoint more personnel, was thus identified. Narratives supporting this subtheme follow:

“I would like to see the funding available for extra social care staff as part of our shelter management and minimising the challenges in terms of training and supervision of social care staff.” – (P3)

It was found that more staff should be appointed at organisations in the homeless sector. This is reflected in literature that concluded that there is a shortage of social workers in South Africa (Schmid, 2012; Calitz et al., 2014). From the narratives it was clear that the homeless sector of social work is also suffering from a shortage of personnel. A few participants specifically mentioned that they would like social auxiliary workers to be appointed at their organisations.

“Uh, money towards rehab of substance abuse disorder, money for social auxiliary workers. The problem is, and that’s a reality the cake is just so big, and everybody wants a slice. And it’s understandable that the most vulnerable is children and old people, and they will get the biggest slice. So you need a bigger cake” – (P17)

“And ah, maybe we can ah, workload if we can get a social auxiliary someone that is permanent that would help.” – (P8)

Consequently it was found that homeless organisations need social auxiliary workers but, because of financial constraints, it seems impossible to appoint more staff to serve at social

work organisations or night shelters. This is reflected in the literature of Noble and Irwin (2009) who advise of certain restraints in spending public money.

Subtheme 9.3: Training for staff members

The participants indicate that in an ideal world they would prefer to see more training for members of staff, including social auxiliary workers, managers, and hosts. The narratives that follow confirm this subtheme.

“I would like to see the funding available for extra social care staff as part of our shelter management and minimising the challenges in terms of training and supervision of social care staff.” – (P3)

“My standard answer is that we should train and empower the whole staff capacity and not just the social workers. I have got the leeway to say we need CPD points, I need that training. But I am the only manager at this particular organisation that has got that. So we need to empower people not just with management skills, but also people skills. Our hosts, the people on shift duty, need empowering with knowledge about mental health, substance abuse.” – (P9)

The participants indicated that all staff members working with homeless individuals needed training regarding issues related to homelessness, such as mental health challenges and substance abuse. This finding is reflected in literature as Frost (2016) mentions that when running a business or organisation training presents an excellent opportunity to expand the knowledge base of all employees.

Subtheme 9.4: Orientation for clients

Participants made it clear that in order to combat the uncooperativeness from adult homeless individuals, as well as to ensure effective service delivery, it was necessary to give a proper orientation to clients when they arrived at the organisations. Narratives in confirmation of this subtheme are presented below.

“Uhm, when the client gets admitted here, to attend maybe orientations. They get maybe orientated of the shelter. They get to know from the start okay this is what is expected of me. I’m supposed to do this and this and that. Then they won’t come with that idea of the bed and breakfast and then just go yes. I think it also goes to what I just said about orientation, but client education, just educate them about their rights and responsibilities and they need to abide by the rules.” – (P1)

“What do you report and what don’t you report? And the clients also must be educated right in the induction.” – (P11)

These narratives clearly indicate that orientation for clients are necessary when they arrive at the shelter. There are certain rules at shelters and other organisations rendering services to adult homeless individuals that must be followed to ensure effective management and service delivery. This could also be seen in the *Norms and Standards* document that serves as a guide for services that should be made available at night shelters in the Western Cape. As previously identified, attention is given to meeting some basic needs, but also on rendering social work intervention services to all clients at shelters (Department of Social Development, 2015). The ways in which challenges can be minimised will be discussed in the conclusions and recommendations section of Chapter 5.

4.4 CONCLUSION

This chapter addressed the third objective of the research study, which is to empirically investigate the challenges social workers face while rendering services to adult homeless individuals. The chapter started with a clear analysis of the research methodology that was utilised in this research study. Following the analysis, a detailed account was given regarding the profile of the participants of this study. Lastly themes, subthemes, and categories were identified, discussed, and thoroughly examined. These themes included the following aspects related to homelessness, namely, policies and legislation, needs experienced, causes, effects, theories utilised when rendering services, services rendered to adult homeless individuals, challenges experienced by service providers, and ways to combat these challenges. It is concluded that social workers experience a variety of challenges while rendering services to adult homeless individuals. Within the next and final chapter various conclusions that were drawn from the empirical study, will be presented together with certain recommendations.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study was to identify challenges faced by social workers when rendering services to adult homeless individuals. The first objective was to describe homelessness within a South African context. This was covered in Chapter 2. The second objective was to explain the services that are provided to homeless individuals by social workers within an ecological perspective, as well as the challenges that social workers face while rendering these services. This objective was covered in Chapter 3. Chapter 4 covered the third objective, namely, to empirically investigate the challenges that social workers face while rendering services to adult homeless individuals. For this objective, data was collected from eighteen participants by means of semi-structured interviews. The findings were then presented and analysed using various themes and subthemes. The aim of this chapter is to present conclusions and recommendations regarding the challenges social workers face while rendering services to adult homeless individuals, thus attending to the fourth objective of this study.

5.2 CONCLUSIONS AND RECOMMENDATIONS BASED ON THE EMPIRICAL FINDINGS

In this section conclusions and recommendations are based on the empirical findings of the research study. The format is based on the themes of Chapter 4.

5.2.1 Profile of participants

The study found that all the participants were working at an NGO or NPO rendering services to adult homeless individuals. The participants were all social workers who at that stage were delivering social services to adult homeless individuals. Some of these social workers also had other positions such as office managers or supervisors. The study showed that the majority of the participants had been working for less than ten years. Only a few of the participants had more than ten years' experience as social workers. It was also observed that most participants had five years or less experience in rendering services to adult homeless individuals. Only a third of participants had more than five years' experience in the field of homelessness.

The researcher made use of snowball sampling yet none of the participants referred the researcher to government organisations rendering services to adult homeless individuals. The fact that many of the participants indicated that they had less than five years' experience as social workers rendering services to adult homeless individuals, indicated a high staff turnover

of social workers at homeless organisations. With little participants that had more than ten years' experience as social workers, and given that a career usually spans 40 years, it is clear that social workers do not stay at NGOs and NPOs for homeless adults for extended periods. The high staff turnover and relatively little time that social workers spend at NGOs and NPOs for homeless adults could be as a result of inadequate support or supervision of novice social workers.

Recommendations

- Emotional support, in the form of supervision, should be available to social workers with less work experience to ensure effective service delivery.
- Supervision to all social workers working with homeless individuals, should happen as frequently as possible, to provide optimal emotional support.

5.2.2 Theme 1: Definition of homelessness in South Africa

When asked about the definition of homelessness all participants referred to individuals living on the streets and not having a roof over their heads. Participants stated that homeless individuals usually have no contact with family members and do not have any social support structures in place. The definition utilised differed from participant to participant in minor ways.

In a South African context, homelessness is characterised by an individual with no physical housing structure, alongside a lack of physical and emotional wellbeing, stability, warmth, comfort, privacy, security and identity. A homeless person could also be someone who is currently sleeping in a homeless shelter, due to this not being a permanent accommodation solution. It was found that the organisations do not all focus on every aspect of homelessness, they would rather place emphasis on some of them.

Recommendations

- A definition for homelessness should be formulated by the South African government, by formulating policies and legislation pertaining to this social issue.
- Once a definition is formulated, it should be utilised by all organisations rendering services to adult homeless individuals in order to ensure effective service delivery strategies to all involved parties.
- This definition should be revisited and adjusted regularly due to continuous change in the South African context.

5.2.3 Theme 2: Policies and legislation utilised when rendering services to adult homeless individuals

The study showed that participants utilise certain policies or legislation when rendering services to adult homeless individuals. Most participants referred to the Street People Policy, as well as the *Norms and Standards for Shelters for Adult Homeless Individuals* in terms of policies utilised in the Western Cape. In terms of legislation, participants highlighted that they utilise the Constitution of the Republic of South Africa, the Older Persons Act, the Mental Health Act, and the Prevention of and Treatment for Substance Abuse Act.

It can be concluded that there is a lack of specific policy and legislation to help social workers render services to adult homeless individuals. This is because the policies and legislation that exist are not focused specifically on homeless individuals, but rather on the welfare service provision for people in South Africa in general. This could result in service providers not offering effective service delivery to protect the rights of all adult homeless individuals.

Recommendations

- Social workers rendering services to adult homeless individuals should have extensive knowledge of all relevant policies and legislation pertaining to homelessness.
- More legislation and policies that focus on homeless individuals should be formulated by the government to guide service rendering in the social welfare sector.

5.2.4 Theme 3: Needs of adult homeless individuals

Homeless people form a vulnerable group of individuals with a variety of needs. These include basic needs (food, water, mental and physical healthcare, and clothing), safety, security, and housing needs, love and belonging needs, employment needs, and self-actualisation needs. For instance, the need for an identity document is strongly linked to love and belonging needs, and although night shelters provide a temporary safe place for homeless individuals to sleep, they still have the need for shelter.

It is important that organisations serving homeless individuals should meet wide variety of needs of homeless clients, whether they are basic needs or self-actualisation needs. It was found that social workers working with homeless individuals are aware of their different needs, but that organisations do not necessarily meet the identified needs of the homeless. Unemployment was identified as one of the main contributory factors leading to homeless individuals not being able to meet their needs which calls for the creation of job opportunities. Due to lack of

collaboration between government departments, there is a need for better communication between the Department of Home Affairs and the Department of Social Development in South Africa.

Recommendations

- There should be a strong emphasis on job seeking through employment support programmes to ensure that homeless individuals have a form of income while they are trying to get back on their feet.
- The Departments of Home Affairs and Social Development should work together around basic matters such as the reissue of lost identity documents of homeless individuals, as this would give them a sense of belonging and because it would help them when applying for jobs and studies faster, which will help them get off the streets faster.

5.2.5 Theme 4: Causes of homelessness

People are continuously being influenced by various aspects, however for some this could lead to them becoming homeless. Aspects could vary from a combination of different factors to just one factor that push individuals over the edge. The cause and effect of homelessness are often intertwined. Unemployment, family issues and separation, mental health challenges, previous trauma, and substance abuse are all factors that could lead to homelessness. The study revealed that, if an individual abused substances before becoming homeless, there is likelihood that they might continue abusing substances whilst being homeless.

Recommendations

- Social work services should give more attention to preventative services. These services may help prevent individuals who are vulnerable towards becoming homeless, ending up being homeless. Preventative measures could include awareness campaigns, life skills training and financial planning for individuals in need.
- Specific attention should be given to the identified causes by addressing them during counselling sessions, group work sessions, life skills programmes, and employment support programmes presented at homeless shelters.

5.2.6 Theme 5: Effects of homelessness

Homelessness is a traumatic experience that affects the homeless individual in various ways. Feelings of hopelessness, substance abuse, difficulty to fit into society, mental illness, criminal

activities, and increased trauma could all be effects of being homeless. In terms of the effect of trauma experienced on the streets, it was specifically reported that a homeless individual could get raped up to three or four times per month. Criminal activities such as, stealing, breaking and entering, and murder committed by homeless individuals were also reported.

It is important that homeless individuals should receive support through counselling in order to cope with the short- and long-term effects of living on the streets. If the effects of homelessness are not adequately addressed a homeless individual could end up staying on the streets or could even return to the streets after having been reunified with or reintegrated into their communities.

Recommendations

- A stronger emphasis should be placed on continuous mental health services for homeless individuals at homeless organisations, in order to help them overcome the traumatic experiences they had whilst living on the streets.
- More focus need to be placed on uplifting homeless individual's self-esteem, by providing specific programmes such as self-help groups at shelters and other homeless organisations that teach them about self-love.
- Social workers should follow up with clients who have left shelters and other homeless organisations to ensure that they are receiving adequate support for their reintegration into the community.

5.2.7 Theme 6: Theory utilised when rendering services to adult homeless individuals

Social workers employed at organisations rendering services to the homeless make use of the strengths perspective, the ecological perspective, and the person-centred approach. It was found that some participants had inadequate knowledge regarding the theories that they were utilising during their service rendering. These participants mentioned that because they were older social workers who graduated years ago, they were unaware of newly developed theories.

Social workers and social auxiliary workers must have a broad knowledge regarding a range of practice perspectives. They must utilise their theoretical knowledge to structure their planning, to render services, and to adapt to ever changing circumstances. Due to challenges experienced in the work environment social workers cannot always stay up to date with newly developed theoretical perspectives.

Recommendations

- Homeless service providers should make use of a variety of theoretical approaches, perspectives, and models when working with homeless people.
- All social workers should attend training events or supervision sessions focusing specifically on theory incorporation, and on learning new theoretical models, perspectives, and approaches utilised in the field.

5.2.8 Theme 7: Services offered to adult homeless individuals

Regarding services rendered to adult homeless individuals, all participants referred to different services rendered on the micro-, meso- and macro-levels of the ecological perspective. On micro level it was found that participants provided basic services such as food, water, and clothing. Upon arrival at a homeless organisation an assessment is completed where-after counselling services are usually offered to help the individuals work through the trauma of being homeless. A personal development plan is formulated to help the homeless individuals to reach their personal goals. On the meso-level participants offered reintegration and reunification services and on macro-level, skills development programmes, employment support programmes, and aftercare services were offered to adult homeless individuals.

Although it is expected of social workers to provide counselling to homeless individuals, their busy schedules and responsibilities such as the management of staff, handling the

administration, and the day-to-day running of the organisation, do not always allow them to do so. Policy documentation is required to focus attention on counselling services.

Most shelters and organisations for the homeless tend to the basic needs of homeless individuals by providing food, water, and clothing. Some homeless organisations need to reach targets in terms of the reunification of their clients. Reintegration is an easier and more efficient way of helping a homeless person get back on their feet, because with reintegration the homeless individual is not dependant on family members. Once a person is reintegrated into their community, it is important to deliver aftercare services to prevent them from falling back to their old ways of living. Many participants indicated that they do not provide any aftercare services at all.

Recommendations

- Social workers should have more time to do one on one counselling with clients at homeless shelters to ensure a successful reintegration and reunification process. The heads of shelters should ensure that social workers have sufficient time to deliver one on one counsel sessions.
- The Department of Social Development should focus more on reintegration than reunification of homeless individuals as it was found that reintegration is an easier process compared to that of reunification. This will also ensure easier and more reachable targets for social workers working with adult homeless individuals.
- A stronger emphasis should be placed on aftercare services, as most participants indicated that they do not always have time to follow up with the individual after they left the organisation. This will ensure a smoother transition for the homeless individual into the working and social community, as well as limit the chances of a relapse.
- Homeless individuals should have some sort of an income before they leave a homeless shelter as this could limit the chances of an individual becoming homeless again after leaving the shelter.

5.2.9 Theme 8: Challenges experienced when rendering services to adult homeless individuals

Social workers rendering services to adult homeless individuals experience a wide variety of challenges as seen in Chapter 4. On arriving at shelters and other organisations for the homeless, homeless individuals are often uncooperative and do not want to partake in the intervention processes made available to them. They are usually only interested in food and shelter. Homeless individuals are not always motivated to receive social services such as counselling support for their emotional trauma and PTSD. It was found that homeless individuals would come to a shelter just to disappear after a few days.

Based on the findings of the study, it also became clear that social workers working in the homeless field struggle with safety and security issues on a day-to-day basis. The participants indicated that individuals under the influence of substances pose safety risk to themselves and others, due to their unpredictable behaviour. Homeless individuals furthermore often need to find means to protect themselves on the street, so they end up carrying dangerous weapons, such as knives. There clearly seem to be a safety and security risk for social workers, staff at homeless organisations, and clients.

Homeless individuals often suffer from mental health disorders and social workers at homeless organisations do not always feel equipped to work with them. Furthermore, homeless individuals who suffer from mental health disorders, often do not get diagnosed, leaving them untreated for months at a time. These homeless individuals could threaten the safety and security of individuals rendering services to them.

High caseloads are also a challenge in organisations rendering services to adult homeless individuals and combined with a lack of resources social workers and other employees struggle to complete their daily tasks and activities. Social workers working with adult homeless individuals also find it challenging to have in-depth supervision with their supervisors, due to all the other responsibilities of social workers.

The accommodation of transgender clients at homeless organisations is challenging as the sleeping arrangements of shelters are divided into male and female sleeping halls. It can be concluded that all these challenges need to be addressed in order for service delivery towards homeless individuals to be improved. The above challenges all make it difficult for participants to render services to adult homeless individuals.

Recommendations

- Clients should be thoroughly orientated regarding the rules and regulations at organisations rendering services to adult homeless individuals, in order to ensure optimal cooperation from everyone.
- The management of homeless organisations should put measures in place to ensure the safety of social workers rendering services to adult homeless individuals, such as installing panic buttons in all offices where one-on-one sessions normally take place.
- The government should employ more social auxiliary workers and community development workers at NGOs, to aid social workers with aspects such as preventative programmes, community awareness projects, and administrative functions. This would give social workers more time to focus on aspects such as counselling and working one-on-one with homeless individuals.
- Homeless organisations should run more campaigns and fundraisers to collect more resources in and around the area where they are based. If more people invested in the growth and change of its clients, it could take some of the financial pressure off homeless organisations.
- Supervision should be provided regularly for all social workers, to ensure that they feel supported and have an emotional outlet at work.
- Night shelter management should look into the accommodation regarding transgender clients, to ensure an inclusive set up in terms of sleeping arrangements for everyone.
- The Departments of Health and Social Development should work together to render effective services to adult homeless individuals, especially in terms of diagnosing and treating mental illness.

5.2.10 Theme 9: Minimisation of challenges experienced by service providers

To minimise some of the challenges discussed in the previous section, participants made the following suggestions: The South African Government should develop a functioning healthcare system, furthermore homeless organisations should hire more personnel, train staff, and orientate clients upon arrival regarding the rules and regulations of organisations. A few participants stated that they do not even know where to start to improve their working conditions. It was clear that the participants were negative about their working conditions as it currently stands. These participants added that they do not believe their situation will change.

Social workers are working under extremely difficult circumstances at homeless organisations across South Africa. It is concluded that training regarding the functioning of homeless organisations is a must for all staff members working with homeless individuals, in other words, social workers, social auxiliary workers, hosts, and volunteers working with the homeless should receive training. Finally, it has been identified that there is a need to orientate clients regarding the rules and regulations of the homeless organisation when they arrive.

Recommendations

- Social workers, social auxiliary workers, the management team, and any other individuals involved in the day-to-day running of homeless organisations should have regular communication regarding the functioning of the specific organisation.
- All employees and clients at homeless organisations must be able to give regular feedback and suggestions regarding the operation of the organisation. This could perhaps be done through a comment box at the entrance where letters can be dropped anonymously. The management of the organisation could then take these comments and work through them systematically to improve the day-to-day functioning.

5.3 KEY FINDINGS AND MAIN CONCLUSIONS

This study investigated the challenges experienced by social workers rendering services to adult homeless individuals. The study also highlighted the many different challenges experienced by social workers working with the homeless, such as, uncooperativeness from clients, safety and security challenges, high caseloads, insufficient supervision, lack of resources, insufficient financial support, accommodation of transgender clients, and diagnosing of mental health patients.

Final recommendations are that more policy and legislation should be formulated in South Africa to guide service rendering and protect the rights of adult homeless individuals. This would provide clarity to social workers on how service delivery should take place and how intervention services could be structured. Furthermore, more social auxiliary workers should be appointed to NGOs and NPOs to lessen the administrative requirements expected of social workers. It is finally recommended that more resources and financial support be provided to organisations rendering services to the homeless as this is such an encompassing social issue.

5.4 FURTHER RESEARCH

Given the fact that there was very little research available regarding homelessness in South Africa, more research should be conducted regarding this matter. In the light of results from the empirical investigation concerning the challenges experienced by social workers rendering services to adult homeless individuals, it is suggested that further research should focus on the challenges experienced by homeless individuals directly, with the aim of improving service rendering offered to them in South Africa.

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ANNEXURE 1

UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

INFORMED CONSENT FORM**STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH**

CHALLENGES FACED BY SOCIAL WORKERS RENDERING SERVICES TO ADULT HOMELESS INDIVIDUALS

You are asked to participate in a research study conducted by Claro Viljoen, a master's student from the Social Work Department at the University of Stellenbosch. The results of this study will become part of a research report. You were selected as a possible participant in this study because you are a social worker who provides services to adult homeless individuals.

1. PURPOSE OF THE STUDY

The aim of the study is to gain an understanding of challenges that social workers face while rendering services to adult homeless individuals.

2. PROCEDURES

If you volunteer to participate in this study, we will ask you to do the following:

A semi-structured interview schedule will be utilized to gather information confidentially. You need not indicate your name or any particulars on the interview schedule.

3. POTENTIAL RISKS AND DISCOMFORTS

Any uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND / OR TO SOCIETY

The results of this study will allow insight into the challenges that social workers face rendering services to adult homeless individuals. This information could be used by the welfare organisation for further planning in service delivery.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each interview schedule is numbered. All interview schedules will be managed, analysed and processed by the researcher and will be kept in a safe place. This will be stored on the researcher's laptop with a password which can only be accessed by the researcher.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so, e.g. should you influence other participants in the completion of their interview schedules.

8. IDENTIFICATION OF STUDENT-RESEARCHER

If you have any questions or concerns about the research, please feel free to contact me on 0848794444 or claroviljoen94@gmail.com or my supervisor Mrs P Khosa, Department of Social Work, University of Stellenbosch,

Tel. 021-808 2072, E-Mail: priscalia@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
--

The information above was described to me the participant by _____ in English. I am in command of this language or it was

satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. A copy of this form was given to me.

Name of Participant _____

Signature of Participant _____

Date _____

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____
[name of subject/participant]. [He / She] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator _____

Date _____

ANNEXURE 2

SEMI-STRUCTURED INTERVIEW SCHEDULE

UNIVERSITY OF STELLENBOSCH

DEPARTMENT OF SOCIAL WORK

Challenges faced by social workers rendering services to adult homeless individuals

Researcher: C Viljoen

NB: *Information obtained through this semi-structured interview schedule will remain confidential.*

Number _____

Date of Interview _____

SECTION 1: PROFILE OF PARTICIPANTS

- 1.1 At what organisation are you currently employed?
- 1.2 Is the organisation an NGO or a government run organisation?
- 1.3 What is your position at the organisation?
- 1.4 How long have you been practicing as a social worker?
- 1.5 How long have you been working as a social worker rendering services to homeless individuals?

SECTION 2: DEFINITION OF HOMELESSNESS

- 2.1 Shortly describe the definition of homelessness utilised at your current organisation?

SECTION 3: POLICY AND LEGISLATION RELATED TO ADULT HOMELESS INDIVIDUALS

- 3.1 Which policy and/or legislation do you utilise when rendering services to adult homeless individuals?
- 3.2 In your opinion, are there enough policies and legislation formulated in South Africa to protect the rights of homeless individuals and ensure effective service delivery?

SECTION 4: PROFILE OF HOMELESS INDIVIDUAL'S NEEDS

4.1 Please tell me a bit more about the needs experienced by your service users at the organisation?

4.2 What would you describe are the main causes of homelessness?

4.3 In your opinion, what are the effects of homelessness on individuals?

SECTION 5: SERVICES RENDERED TO HOMELESS INDIVIDUALS

5.1 Tell me more about any theoretical models utilised when rendering services to the service users?

5.2 What type of services does this organisation provide for homeless individuals?

5.3 Could you please expand a bit more about the reintegration and reunification services offered to service users?

5.4 Tell me about any Skills Development Programs, Employment Support Programs and/or Monitoring and Evaluation Programs offered at the organisations?

5.5 How are after care services implemented at the organisation?

SECTION 6: CHALLENGES FACED BY PARTICIPANTS WHEN RENDERING SERVICES

6.1 What kind of challenges do you experience when rendering services to homeless individuals?

6.2 In your opinion, how could we minimize these challenges that are faced?

SECTION 7: CLOSING COMMENTS

7.1 Do you have any other comments or suggestions regarding services offered to homeless individuals?

Thank you for participating!

ANNEXURE 3



NOTICE OF APPROVAL

REC Humanities New Application Form

2 May 2018

Project number: 7103

Project Title: Challenges faced by social workers rendering services to adult homeless individuals

Dear Miss Claro Viljoen

Your REC Humanities New Application Form submitted on **26 April 2018** was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
02 May 2018	01 May 2021

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (7103) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Research Protocol/Proposal	VILJOEN Research Proposal	25/04/2018	
Data collection tool	THEMES ANNEXURE 2	25/04/2018	
Informed Consent Form	INFORMED CONSENT ANNEXURE 3	26/04/2018	

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.

The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

Page 1 of 2

Investigator Responsibilities

Protection of Human Research Participants

Some of the general responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.

2. Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use.

3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents/process, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.

4. Continuing Review. The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.

5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current

Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouche within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.

7. Research Record Keeping. You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC

8. Provision of Counselling or emergency support. When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

9. Final reports. When you have completed (no further participant enrollment, interactions or interventions) or stopped work on your research, you must submit a Final Report to the REC.

10. On-Site Evaluations, Inspections, or Audits. If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

ANNEXURE 4

APPROVAL LETTER



The Haven Night Shelter
First Floor, 2 Napier Street, Green Point
P.O. Box 1186, Woodstock, 7915
Tel: 021 425-4700
Fax: 021 425-4900
info@haven.org.za
www.haven.org.za

TO WHOM IT MAY CONCERN

Permission has been granted for CLARO VILJOEN (student number: 17762901) to include social workers from The Haven Night Shelter and Welfare Organisation in her study. She is a registered student completing her M of Social Work at the Social Work Department at Stellenbosch University. The topic of the proposed research is as follows: “*Challenges Faced by Social Workers when Rendering Services to Adult Homeless Individuals*”.

The research methodology will include interviews of 45 minutes each in August and September 2019. These interviews will take place in the participant’s normal working hours. It remains the choice of the individual The Haven social worker to participate in the research study or not. It has been communicated to us that our organisation will benefit from this study, seeing as we will be supplied with a copy of the research once it has been completed.

For further information the participants may contact the student’s supervisors, Dr. Strydom and Ms. Khosa of the Department of Social Work at Stellenbosch University: 021 808 2069.

Regards

Antoinette Meiring

Social Work Supervisor

SACSSP 10- 23281

ANNEXURE 5

INDEPENDENT CODER DECLARATION

I, Marissa Venter, hereby declare that I read through the semi-structured interviews and empirical research chapter of Claro Viljoen (the researcher). My findings correspond with the themes, subthemes, and categories as suggested in the empirical study.

MPistor

10 August 2020

Signature

Date